

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
**1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAY 24 PM 12:41

**DOCUMENT # H77684 (9)**

1. Corporation Name  
**CONSULTANTS FOR SENIOR LIVING INC.**

Principal Place of Business Mailing Address  
**3828 NW 72ND DR 3828 NW 72ND DR**  
**CORAL SPRINGS FL 33065 CORAL SPRINGS FL 33065**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>09/23/1985</b>	3a. Date of Last Report <b>07/27/1994</b>
4. FEI Number <b>59-2616101</b>	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
24. Zip	29. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
<b>GREENE, H. ELLIOTT</b> <b>2801 UNIVERSITY DRIVE</b> <b>CORAL SPRINGS FL 33065</b>				81. Name	
				82. Street Address (P.O. Box Number is Not Acceptable)	
				84. City	<b>FL</b>
				85. Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BEZEHERTNY, MICHAEL</b>	1.2 NAME	
STREET ADDRESS	<b>3828 NW 72ND DR</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>CORAL SPRINGS FL</b>	1.4 CITY - ST - ZIP	
TITLE	<b>VP</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BEZEHERTNY, DONNA L.</b>	2.2 NAME	
STREET ADDRESS	<b>3828 NW 72ND DR</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>CORAL SPRINGS FL</b>	2.4 CITY - ST - ZIP	
TITLE	<b>VPT</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BEZEHERTNY, PHILIP R.</b>	3.2 NAME	
STREET ADDRESS	<b>3828 NW 72ND DR</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>CORAL SPRINGS FL</b>	3.4 CITY - ST - ZIP	
TITLE	<b>VPS</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BEZEHERTNY, AMMIE L.</b>	4.2 NAME	
STREET ADDRESS	<b>3828 NW 72ND DR</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>CORAL SPRINGS FL</b>	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed per an attachment with an address.

SIGNATURE: *Michael Bezeherntny* **MICHAEL BEZEHERTNY** 5/18/95 (305) 340-0986  
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR