

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K37186

FILED
Jan 03, 2012
Secretary of State

Entity Name: ALCOVE ASSISTED LIVING FACILITY, INC.

Current Principal Place of Business:

2801 4TH ST. N.
ST. PETERSBURG, FL 33704 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 8783
MADEIRA BEACH, FL 33738 US

New Mailing Address:

FEI Number: 59-2910691

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LOPEZ-RITAS, WALDA
908 BAY POINT DR.
MADEIRA BEACH, FL 33708 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D
Name: LOPEZ-RITAS, WALDA
Address: 908 BAY POINT DR.
City-St-Zip: MADEIRA BEACH, FL 33708 US

Title: D
Name: MCNULTY, NELLY
Address: 428 LINCOLN CIRCLE NW
City-St-Zip: ST. PETERSBURG, FL 33702 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: WALDA LOPEZ-RITAS

DIR

01/03/2012

Electronic Signature of Signing Officer or Director

Date