

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000034335

FILED
Apr 16, 2009
Secretary of State

Entity Name: PERPETUAL HEALTH ASSISTED LIVING FACILITY, LLC

Current Principal Place of Business:

3305 MAYDELL DRIVE
TAMPA, FL 33619

New Principal Place of Business:

Current Mailing Address:

3305 MAYDELL DRIVE
TAMPA, FL 33619

New Mailing Address:

FEI Number: 20-4631569

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DOWD, JEFFREY A P.A.
609 W. LUMSDEN ROAD
BRANDON, FL 33511 US

Name and Address of New Registered Agent:

ASSISTED LIVING FACILITY
3305 MAYDELL DR.
TAMPA, FL 33619 US

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: BIENVENIDO B. NARTATEZ

04/16/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: NARTATEZ, DEMETRIA A
Address: 3305 MAYDELL DRIVE
City-St-Zip: TAMPA, FL 33619

Title: MGR () Delete
Name: NARTATEZ, BIENVENIDO B
Address: 3305 MAYDELL DRIVE
City-St-Zip: TAMPA, FL 33619

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: DEMETRIA A. NARTATEZ

MGR

04/16/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date