# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Aug 09, 2010**
**Secretary of State**

DOCUMENT# L06000034335

**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:**

ASSISTED LIVING FACILITY
3305 MAYDELL DR.
TAMPA, FL 33619 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

**MANAGING MEMBERS/MANAGERS:**

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

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

I hereby 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 Statues.

SIGNATURE: BIENVENIDO B. NARTATEZ MGR 08/09/2010

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