2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2009
Secretary of State

DOCUMENT# N01000006115

Entity Name: FLORIDA LIVING OPTIONS, INC.

Current Principal Place of Business:

285 SOUTH FARNHAM STREET
GALESBURG, IL 61401

New Principal Place of Business:

Current Mailing Address:

285 SOUTH FARNHAM STREET
GALESBURG, IL 61401

New Mailing Address:

FEI Number: 36-4467489 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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 ( ) Delete
Name: THOMPSON, JOHN
Address: 1030 BRIDGEMILL AVENUE
City-St-Zip: CANTON, GA 30114

Title: D ( ) Delete
Name: FENWICK, DALE
Address: 1272 ERROL PARKWAY
City-St-Zip: ATOPKA, FL 32712

Title: D ( ) Delete
Name: WESTBAY, CHARLES D
Address: 20751 COUNTRY CREEK DRIVE #1523
City-St-Zip: ESTERO, FL 33928

Title: D ( ) Delete
Name: CROCK, JOHN
Address: 860 N. ACADEMY STREET
City-St-Zip: GALESBURG, IL 61401

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN THOMPSON D 03/31/2009

Electronic Signature of Signing Officer or Director — Date