2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2012
Secretary of State

DOCUMENT# N01000008840

Entity Name: FLORIDA ASSISTED LIVING AFFILIATION, INC.

Current Principal Place of Business:

2447 MILLCREEK COURT
SUITE 3
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

2447 MILLCREEK COURT
SUITE 3
TALLAHASSEE, FL 32308

New Mailing Address:

FEI Number: 01-0549750 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LANGE, PATRICIA
2447 MILLCREEK COURT
SUITE 3
TALLAHASSEE, FL 32308 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: P
Name: WEIDLER, KRONE
Address: 312 EAST 124TH AVENUE
City-St-Zip: TAMPA, FL 33612

Title: T
Name: PATCHETT, MARYSUE
Address: 5426 BAY CENTER DRIVE, SUITE 600
City-St-Zip: TAMPA, FL 33609

Title: VP
Name: THOMAS, DAMON
Address: 11370 HERON BAY BLVD, APT 1816
City-St-Zip: CORAL SPRINGS, FL 33076

Title: S
Name: COLLAZO, LUIS
Address: 1045 PALM AVENUE
City-St-Zip: HIALEAH, FL 33010

Title: ED
Name: LANGE, PATRICIA
Address: 2447 MILLCREEK COURT, SUITE 3
City-St-Zip: TALLAHASSEE, FL 32308

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

SIGNATURE: PATRICIA LANGE ED 01/05/2012

Electronic Signature of Signing Officer or Director — Date