


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 26, 2004 08:00 AM
Secretary of State

DOCUMENT # N02000006240 1. Entity Name BOYNTON BEACH ASSISTED LIVING FACILITY, INC.	
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Principal Place of Business 1708 NE 4TH ST BOYNTON BEACH, FL 33435	Mailing Address 1708 NE 4TH ST BOYNTON BEACH, FL 33435
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DO NOT WRITE IN THIS SPACE



03222004 No Chg-NP CR2E037 (10/03)

4. FEI Number 02-0656951	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MANDEL, DANIEL S 2101 CORPORATE BLVD., STE 300 BOCA RATON, FL 33431	DO NOT WRITE IN THIS SPACE
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000097219 03/26/04-80030-015 70.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GLUCKMAN, JOSEPH 1708 NE 4TH ST BOYNTON BEACH, FL 33435
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD ROSEN, KAREN 1708 NE 4TH ST BOYNTON BEACH, FL 33435
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRIEDMAN, SHERRY 1708 NE 4TH ST BOYNTON BEACH, FL 33435
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRUH, STEVEN 1708 NE 4TH ST BOYNTON BEACH, FL 33435
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUSH, HOWARD DR 1708 NE 4TH ST BOYNTON BEACH, FL 33435
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PINCUS, LAURA 1708 NE 4TH ST BOYNTON BEACH, FL 33435

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <u>Joseph Gluckman President</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>3/24/04</u> <small>Date</small>	<u>561-659-9330 x420</u> <small>Daytime Phone #</small>
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Joseph Gluckman