

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002878

FILED
Apr 11, 2012
Secretary of State

Entity Name: INSTITUTE FOR SENIOR LIVING OF FLORIDA, INC.

Current Principal Place of Business:

360 CENTRAL AVENUE
SUITE 1550
ST. PETERSBURG, FL 33701 US

New Principal Place of Business:

Current Mailing Address:

1675 PALM BEACH LAKES BLVD., STE 900
WEST PALM BEACH, FL 33401 US

New Mailing Address:

FEI Number: 20-0904526

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPECTOR GADON AND ROSEN
360 CENTRAL AVENUE
SUITE 1550
ST. PETERSBURG, FL 33701 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
Name: JAFFE, HOWARD
Address: TWO BALA PLAZA, SUITE 300
City-St-Zip: BALA CYNWYD, PA 19004 US

Title: D
Name: RICHMOND, PENNY
Address: 360 CENTRAL AVENUE, SUITE 1550
City-St-Zip: ST. PETERSBURG, FL 33701 US

Title: D
Name: DUDLEY, NATE
Address: 360 CENTRAL AVENUE SOUTH, SUITE 1550
City-St-Zip: ST. PETERSBURG, FL 33701 US

Title: D
Name: WYATT, BRIAN
Address: 360 CENTRAL AVENUE SOUTH, SUITE 1550
City-St-Zip: ST. PETERSBURG, FL 33701 US

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: HOWARD JAFFE

D

04/11/2012

Electronic Signature of Signing Officer or Director

Date