

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004683

FILED
Jan 08, 2010
Secretary of State

Entity Name: ADOPT A NURSING HOME AND ASSISTED LIVING FACILITIES, INC.

Current Principal Place of Business:

233 MAGNOLIA RUN
LAKE ALFRED, FL 33850

New Principal Place of Business:

Current Mailing Address:

233 MAGNOLIA RUN
LAKE ALFRED, FL 33850

New Mailing Address:

FEI Number: 20-1107202

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PROFESSIONAL TAX CONSULTANTS, INC.
314 AVENUE K SE
WINTER HAVEN, FL 338804147 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: PD
Name: SCHILLING, BRUCE C
Address: 233 MAGNOLIA RUN
City-St-Zip: LAKE ALFRED, FL

Title: VD
Name: BEACH, FRAN
Address: 658 SWEETWATER WAY
City-St-Zip: HAINES CITY, FL

Title: SD
Name: HUDSON, JUNE
Address: 35 CREEK CIRCLE
City-St-Zip: LAKE ALFRED, FL

Title: TD
Name: SCHILLING, PAULETTE
Address: 233 MAGNOLIA RUN
City-St-Zip: LAKE ALFRED, FL

Title: D
Name: NELSON, KARIN G
Address: 314 AVENUE C SE
City-St-Zip: WINTER HAVEN, FL

Title: D
Name: CARTER, SUSAN
Address: 129 MCKAY DRIVE, APT A
City-St-Zip: HAINES CITY, FL 33844 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: KARIN G NELSON

DIR

01/08/2010

Electronic Signature of Signing Officer or Director

Date