2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000004639

FILED Apr 13, 2011 Secretary of State

Entity Name: PROMINENT CARE ASSISTANT LIVING INC.

Current Principal Place of Business: New Principal Place of Business:

1511 40TH STREET

WEST PALM BEACH, FL 33407

Current Mailing Address: New Mailing Address:

PO BOX 18141

WEST PALM BEACH, FL 33416

FEI Number: 27-2652698 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CHRISTLE, NATALIE CHRISTIE, NATALIE

1320 WOODCREST ROAD EAST
WEST PALM BEACH, FL 33417 US
1320 WOODCREST ROAD EAST
WEST PALM BEACH, FL 33417 US

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: NATALIE CHRISTIE 04/13/2011

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD

 Name:
 PARKER, ROXAN

 Address:
 4810 ORLEANS COURT

 City-St-Zip:
 WEST PALM BEACH, FL 33415

Title: VPD

Name: GAYLE-PEART, DR. CHARMANE

Address: 1511 40TH STREET

City-St-Zip: WEST PALM BEACH, FL 33407

Title: SD

Name: CHRISTIE, NATALIE

Address: 1320 WOODCREST RD EAST City-St-Zip: WEST PALM BEACH, FL 33417

Title: TD

Name: PARKER, ROXAN

Address: 4810 ORLEANS CT APT C
City-St-Zip: WEST PALM BEACH, FL 33415

Title:

Name: PEART, PETER SR Address: 1511 40TH ST

City-St-Zip: WEST PALM BEACH, FL 33407

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: ROXAN PARKER PD 04/13/2011