

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000004639

FILED
Apr 30, 2012
Secretary of State

Entity Name: PROMINENT CARE ASSISTANT LIVING INC.

Current Principal Place of Business:

1511 40TH STREET
WEST PALM BEACH, FL 33407

New Principal Place of Business:

Current Mailing Address:

PO BOX 18141
WEST PALM BEACH, FL 33416

New Mailing Address:

FEI Number: 27-2652698

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHRISTIE, NATALIE
1320 WOODCREST ROAD EAST
WEST PALM BEACH, FL 33417 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: 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: D
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

04/30/2012

Electronic Signature of Signing Officer or Director

Date