

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000005373

FILED  
Feb 23, 2012  
Secretary of State

**Entity Name:** ASSISTED LIVING MEMBER ASSOCIATION INC.

**Current Principal Place of Business:**

1800 SW 1ST AVE  
SUITE 504  
MIAMI, FL 331291181 US

**New Principal Place of Business:**

**Current Mailing Address:**

1800 SW 1ST AVE  
SUITE 504  
MIAMI, FL 331291181 US

**New Mailing Address:**

**FEI Number:** 45-2441775

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

PARRA, HENRY PRES  
1800 SW 1ST AVE  
SUITE 504  
MIAMI, FL 331291181 US

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

PARRA, HENRY  
1800 SW 1ST AVE  
SUITE 504  
MIAMI, FL 331291181 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: HENRY PARRA

02/23/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: PARRA, HENRY  
Address: 1800 SW 1ST AVE  
City-St-Zip: MIAMI, FL 33129181 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: HENRY PARRA

P

02/23/2012

Electronic Signature of Signing Officer or Director

Date