

**2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 07, 2010  
Secretary of State**

DOCUMENT# N18621

Entity Name: ALTERNATIVE LIVING, INC.

**Current Principal Place of Business:**

207 HOSPITAL DRIVE  
FT. WALTON BEACH, FL 32548 US

**New Principal Place of Business:**

**Current Mailing Address:**

207 HOSPITAL DRIVE  
FT. WALTON BEACH, FL 32548 US

**New Mailing Address:**

FEI Number: 59-2749572      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

LOVEJOY, RUTH R EX DIR  
207 LOVEJOY ROAD  
FT. WALTON BEACH, FL 32548 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: ZELL, BILL  
Address: 9 WEST CASA LOMA DRIVE  
City-St-Zip: MARY ESTHER, FL 32569 US

Title: VD  
Name: GROAT, SCOTT  
Address: 151 SOUTH MARY ESTHER BOULEVARD  
City-St-Zip: MARY ESTHER, FL 32569 US

Title: D  
Name: LOVEJOY, RUTH R  
Address: 207 LOVEJOY RD.  
City-St-Zip: FT. WALTON BCH., FL 32548 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: RUTH R LOVEJOY

ED

01/07/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date