

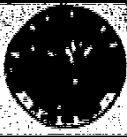
FILE NOW: FILING FEE AFTER MAY 1 IS \$105.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortimer
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N35711 (3)
1. Corporation Name
SENIOR LIVING CENTERS, INC.

Principal Place of Business Mailing Address
3900 LAKE ST GEORGE DR PALM HARBOR FL 34684 US **3900 LAKE ST GEORGE DR PALM HARBOR FL 34684 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/26/1989** 3a. Date of Last Report **04/18/1994**
4. FEI Number **59-2961763** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **4600-54th Avenue S.** 26 **P.O. Box 12560**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **St. Petersburg FL** 27 **St. Petersburg FL**
City & State City & State
23 **33711** 24 **33733-2560**
Zip Zip
25 **US** 29 **US**
Country Country

9. Name and Address of Current Registered Agent
**CHRISTISON, JAMES A.
1430 COURT ST.
CLEARWATER FL 34616**

10. Name and Address of New Registered Agent
81 Name **PETER H. ARMACOST**
82 Street Address (P.O. Box Number is Not Acceptable) **4200 54th Avenue S.**
83
84 City **St. Petersburg FL** 85 Zip Code **33711**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Peter H. Armacost DATE 4/21/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	CHRISTISON, JAMES A
STREET ADDRESS	3903 LAKE ST GEORGE DR
CITY - ST - ZIP	PALM HARBOR FL
TITLE	VD
NAME	WADE, PAUL M
STREET ADDRESS	610 ISLAND WAY #501
CITY - ST - ZIP	CLEARWATER FL
TITLE	ST
NAME	NEGRELLI, PAMELA S
STREET ADDRESS	3903 LAKE ST GEORGE DR
CITY - ST - ZIP	PALM HARBOR FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Peter H. Armacost
1.3 STREET ADDRESS	6320 Bahama Shores Dr. S.
1.4 CITY - ST - ZIP	St. Petersburg, FL 33705
2.1 TITLE	S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Dennis G. Ruppel
2.3 STREET ADDRESS	295 Bayside Dr.
2.4 CITY - ST - ZIP	Clearwater, FL 34630
3.1 TITLE	T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Payton F. Adams
3.3 STREET ADDRESS	2834 Pelham Rd. N.
3.4 CITY - ST - ZIP	St. Petersburg, FL 33710
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or under "Additions" with an address.

SIGNATURE: Peter H. Armacost DATE 4/21/95 813)864-8311
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR