


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90212 004 ****61.25

DOCUMENT # N35711
 1. Entity Name
SENIOR LIVING CENTERS, INC.



Principal Place of Business 4600-54TH AVENUE S ST. PETERSBURG, FL 33711 US	Mailing Address P.O. BOX 12560 ST. PETERSBURG, FL 33733-2560 US
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50014039



01132006 No Chg-NP CR2E037 (11/05)

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4. FEI Number 59-2961763	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RANSON, ARTHUR J III
1000 LEGION PLACE SUITE 1700
ORLANDO, FL 32801

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADAMS, PAYTON F 2834 PELHAM ROAD NORTH SAINT PETERSBURG, FL 33710
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT KING, MALCOLM 662-7TH AVENUE TIERRA VERDE, FL 33715
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WRENN, GROVER C 7319 DESERT RIDGE GLEN BRADENTON, FL 33710
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS RYDBERG, MARSHA G 400 N. TAMPA ST., SUITE 1050 TAMPA, FL 336024708
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C RANSON, ARTHUR J III 315 E. ROBINSON ST ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Malcolm C King* **3/28/06** **727.864.8311**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **MALCOLM C. KING** Date Daytime Phone #