

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N95000002875

**FILED**  
**Apr 27, 2011**  
**Secretary of State**

**Entity Name:** PARENT ASSISTED LIVING SERVICES, INC.

**Current Principal Place of Business:**

34 SW 13TH TERRACE  
CAPE CORAL, FL 33991 US

**New Principal Place of Business:**

**Current Mailing Address:**

15811 SAN ANTONIO COURT  
FORT MYERS, FL 33908

**New Mailing Address:**

**FEI Number:** 65-0718707

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BURNS, JOSEPH M  
15811 SAN ANTONIO CT  
FT MYERS, FL 33908 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:** BURNS, JOAN  
**Address:** 15811 SAN ANTONIO COURT  
**City-St-Zip:** FORT MYERS, FL 33908

**Title:** VD  
**Name:** BURNS, JOSEPH  
**Address:** 15811 SAN ANTONIO COURT  
**City-St-Zip:** FORT MYERS, FL 33908

**Title:** STD  
**Name:** BURNS, JEFFREY K  
**Address:** 1225 SANDCASTLE ROAD  
**City-St-Zip:** SANIBEL, FL 33957

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:** JOAN I BURNS

PD

04/27/2011

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

\_\_\_\_\_  
Date