2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2012
Secretary of State

DOCUMENT# N97000000062

Entity Name: B.V. ASSISTED LIVING, INC.

Current Principal Place of Business:

2127 W. NEW HAVEN AVE.
W. MELBOURNE, FL 32904

New Principal Place of Business:

Current Mailing Address:

2127 W. NEW HAVEN AVE.
W. MELBOURNE, FL 32904

New Mailing Address:

FEI Number: 59-3338728 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NOHRR, P F
1800 W HIBISCUS BLVD
SUITE 138
MELBOURNE, FL 32901 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: D
Name: BUTLER, JOHN E CPA
Address: 200 OAK STREET
City-St-Zip: MELBOURNE, FL 32940

Title: ASD
Name: BRETT, JOSEPH
Address: 321 DELAND AVE.
City-St-Zip: INDIALANTIC, FL 32903

Title: CHMN
Name: RIDENOUR, JIM
Address: 4250 CAREYWOOD DRIVE
City-St-Zip: MELBOURNE, FL 32934

Title: D
Name: BALDWIN, LORI
Address: 1300 S. BABCOCK STREET
City-St-Zip: MELBOURNE, FL 32901

Title: ASD
Name: MANCO-HERRMAN, ELIZABETH
Address: 6136 ARLINGTON CIRCLE
City-St-Zip: MELBOURNE, FL 32940

Title: SDT
Name: BOCKMAN, BOBBIE
Address: 6505 NORTH HWY 1
City-St-Zip: MELBOURNE, FL 32940

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: JIM RIDENOUR CHMN 04/02/2012

Electronic Signature of Signing Officer or Director — Date