2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2009
Secretary of State

DOCUMENT# N99000002082

Entity Name: ASSISTED LIVING OF FLORIDA LIMITED, INC.

Current Principal Place of Business:

11840 - 108 CT NORTH
SEMINOLE, FL 33778 US

New Principal Place of Business:

Current Mailing Address:

10860 118 TH ST N
SEMINOLE, FL 33778 US

New Mailing Address:

FEI Number: 59-3563680 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HOFFMAN, SEMIRA
10860 118TH STREET N
SEMINOLE, FL 33778 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 ( ) Delete
Name: HOFFMAN, SEMIRA
Address: 11840 108 CT N
City-St-Zip: SESMINOLE, FL 33778

Title: T ( ) Delete
Name: INES, HOFFMANN
Address: 10860 118 TH ST N
City-St-Zip: SEMINOLE, FL 33778

Title: D ( ) Delete
Name: SANEL, CEHIC
Address: 10860 118 TH ST N
City-St-Zip: SEMINOLE, FL 33778

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: HOFFMAN, SEMIRA
Address: 10860 118TH ST
City-St-Zip: SEMINOLE, FL 33778

Title: D (X) Change ( ) Addition
Name: CEHIC, HARRY
Address: 12670 81ST AVE NORTH
City-St-Zip: SEMINOLE, FL 33776

Title: D (X) Change ( ) Addition
Name: ZECEVIC, GINA
Address: 1821 ALBRIGHT DR
City-St-Zip: CLEARWATER, FL 33765

Title: D ( ) Change (X) Addition
Name: SANTOS, ANA C
Address: 9086 SILVERTHON RD
City-St-Zip: LARGO, FL 33777

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: SEMIRA HOFFMAN D 03/25/2009

Electronic Signature of Signing Officer or Director — Date