2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000007280

Entity Name: CENTER FOR ADVANCED LIVING, INC.

FILED May 01, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 4250 LAKESIDE DR. SUITE 300 JACKSONVILLE, FL 32210 **New Mailing Address: Current Mailing Address:** 4250 LAKESIDE DR. SUITE 300 JACKSONVILLE, FL 32210 FEI Number: 59-3628463 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HOLSHOUSER, ERIC J HOLSHOUSER, ERIC J 50 NORTH LAURA STREET, SUITE 2200 800 WEST MONROE STREET JACKSONVILLE, FL 32202 JACKSONVILLE, FL 32202 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: 05/01/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition SEFTON, JOHN HILL, JAYNE B Name: Name: 200 LAURA STREET Address: 6439 WOOD VALLEY ROAD Address: City-St-Zip: JACKSONVILLE, FL 32202 City-St-Zip: JACKSONVILLE, FL 32217 Title: Title: () Delete () Change () Addition RICHARDSON, CATHERINE Name: Name: Address: 4631 ALGONQUIN AVENUE Address: City-St-Zip: JACKSONVILLE, FL 32210 City-St-Zip: Title: () Delete Title: (X) Change () Addition JORGENSEN, MICHAEL E Name: JORGENSEN, MICHAEL E Name: 7555 BEACH BOULEVARD 7555 BEACH BOULEVARD Address: Address: City-St-Zip: JACKSONVILLE, FL 32216 City-St-Zip: JACKSONVILLE, FL 32216 Title: () Delete Title: () Change (X) Addition Name: Name: BERG, REBECCA 4811 BEACH BOULEVARD, SUITE 200 Address: Address: City-St-Zip: City-St-Zip: JACKSONVILLE, FL 32207 Title: () Delete Title: () Change (X) Addition ANDERSON, JOHN D Name: Name: 2309 JOSE CIRCLE NORTH Address: Address: City-St-Zip: City-St-Zip: JACKSONVILLE, FL 32217 Title: () Delete Title: () Change (X) Addition BARTON, TERESA K Name: Name: Address: Address: 4250 LAKESIDE DRIVE, SUITE 300 JACKSONVILLE, FL 32210 City-St-Zip: City-St-Zip:

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: TERESA K BARTON CEO 05/01/2009