

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000007280

FILED
Jan 05, 2011
Secretary of State

Entity Name: CENTER FOR ADVANCED LIVING, INC.

Current Principal Place of Business:

4250 LAKESIDE DR.
SUITE 300
JACKSONVILLE, FL 32210

New Principal Place of Business:

Current Mailing Address:

4250 LAKESIDE DR.
SUITE 300
JACKSONVILLE, FL 32210

New Mailing Address:

FEI Number: 59-3628463

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOLSHOUSER, ERIC J
50 NORTH LAURA STREET, SUITE 2800
JACKSONVILLE, FL 32202 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: C
Name: HILL, JAYNE B
Address: 6439 WOOD VALLEY ROAD
City-St-Zip: JACKSONVILLE, FL 32217

Title: VP
Name: MOOREHEAD, KATE
Address: 256 EAST CHURCH STREET
City-St-Zip: JACKSONVILLE, FL 32202

Title: S
Name: JORGENSEN, MICHAEL E
Address: 2141 PARK STREET
City-St-Zip: JACKSONVILLE, FL 32204

Title: D
Name: BERG, REBECCA
Address: 4540 SOUTHSIDE BOULEVARD, SUITE 302
City-St-Zip: JACKSONVILLE, FL 32216

Title: D
Name: ANDERSON, JOHN D
Address: 2309 JOSE CIRCLE NORTH
City-St-Zip: JACKSONVILLE, FL 32217

Title: CEO
Name: BARTON, TERESA K
Address: 4250 LAKESIDE DRIVE, SUITE 300
City-St-Zip: JACKSONVILLE, FL 32210

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: TERESA K. BARTON

CEO

01/05/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date