

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000050456

**FILED**  
**Apr 22, 2012**  
**Secretary of State**

**Entity Name:** ELDERLY LIVING CENTER OF HOLLY HILL, INC.

**Current Principal Place of Business:**

810 WEST OLEANDER  
HOLLY HILL, FL 32117

**New Principal Place of Business:**

**Current Mailing Address:**

316 OCEAN DUNE ROAD  
DAYTONA BEACH, FL 32118

**New Mailing Address:**

FEI Number: 59-3647481

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MANCHESTER, CHLOE  
936 S. PENINSULA DR  
DAYTONA BEACH, FL 32118 US

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

MANCHESTER, CHLOE  
316 OCEAN DUNES ROAD  
DAYTONA BEACH, FL 32118 US

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

04/22/2012

Date

**OFFICERS AND DIRECTORS:**

Title: PSTD  
Name: MANCHESTER, E. CHLOE  
Address: 810 WEST OLEANDER  
City-St-Zip: HOLLY HILL, FL 32117

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: E. CHLOE MANCHESTER

Electronic Signature of Signing Officer or Director

PRES

04/22/2012

Date