


**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT # P0000050456</b> 1. Entity Name <b>ELDERLY LIVING CENTER OF HOLLY HILL, INC.</b>		
Principal Place of Business <b>810 WEST OLEANDER                  HOLLY HILL, FL 32117</b>		Mailing Address <b>810 WEST OLEANDER                  HOLLY HILL, FL 32117</b>
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>3757 S. ATLANTIC                  # 1405</b>
City & State <b>DAYTOWN BEACH FL</b>		4. FEI Number <b>59-3647481</b>
Zip <b>32118</b>		Applied For <input type="checkbox"/> Not Applicable
Country <b>VOLUSIA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent <b>SPIEGEL &amp; UTRERA, P.A.                  343 ALMERIA AVENUE                  CORAL GABLES, FL 33134</b>		7. Name and Address of New Registered Agent Name <b>CHLOE MANCHESTER</b> Street Address (P.O. Box Number is Not Acceptable) <b>3757 S ATLANTIC # 1405</b> City <b>DAYTOWN Bch.</b> State <b>FL</b> Zip Code <b>32118</b>
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>Chloe Manchester</u> DATE <u>4-10-2003</u> <small>Signature, typewritten name of registered agent and date if applicable. (NOTE: Registered Agent signature required when necessary)</small>		
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		10. OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD <b>MANCHESTER, E. CHLOE</b> <input type="checkbox"/> Delete <b>810 WEST OLEANDER</b> <b>HOLLY HILL, FL 32117</b>	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE: <u>Chloe Manchester</u> DATE <u>4-10-2003</u> <u>386-767-2528</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		

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CHECK HERE IF MAKING CHANGES

CH2E034 (10/02)