

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000048066

**FILED**  
**Apr 11, 2012**  
**Secretary of State**

**Entity Name:** GOLDEN MANOR ASSISTED LIVING FACILITY INC.

**Current Principal Place of Business:**

2003 FLETCHER ST  
HOLLYWOOD, FL 33020

**New Principal Place of Business:**

**Current Mailing Address:**

2003 FLETCHER ST  
HOLLYWOOD, FL 33020

**New Mailing Address:**

**FEI Number:** 65-1104112

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KERLEW, MICHAEL A  
2213 E ATLANTIC BLVD  
POMPANO BEACH, FL 33062 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: PSD  
Name: BICKERS, MALGORZATA U  
Address: 4114 NW 41 DR  
City-St-Zip: COCONUT CREEK, FL 33073

Title: VPD  
Name: BICKERS, JAMES E JR.  
Address: 1720 FUNSTON ST  
City-St-Zip: POMPANO BEACH, FL 33020

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: MALGORZATA BICKERS

PRES

04/11/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date