

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91393 017 ***150.00

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DOCUMENT # P01000113301

1. Entity Name

SENIOR LIVING CORPUS CHRISTI, INC.



Principal Place of Business

950 SE 12TH STREET
HIALEAH FL 33010

Mailing Address

950 SE 12TH STREET
HIALEAH FL 33010



2. Principal Place of Business

3. Mailing Address

111 NE 1st Street

111 NE 1st Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 820

Suite 820

City & State

City & State

Miami, Florida

Miami, Florida

Zip

Country

Zip

Country

33132

USA

33132

USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

69-0005336

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GUTTER JOSEPH & RUFFIN PA

100 W CYPRESS CREEK RD SUITE 900
FT LAUDERDALE FL 33309

Name

Teschner GutterChaves Josepher Rubin, P.A.

Street Address (P.O. Box Number is Not Acceptable)

2101 Corporate Blvd.

Suite 107

City

Boca Raton

FL

Zip Code

33431

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME DP
STREET ADDRESS ANSLEY, NANCY J
CITY-ST-ZIP 950 SE 12TH STREET
HIALEAH FL 33010

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 111 NE 1st Street, Suite 820
CITY-ST-ZIP Miami, Florida 33132

TITLE ☐ Delete
NAME DS
STREET ADDRESS BATCHELOR-ROBJOHNS, A.
CITY-ST-ZIP 950 SE 12TH STREET
HIALEAH FL 33010

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 111 NE 1st Street, Suite 820
CITY-ST-ZIP Miami, Florida 33132

TITLE ☐ Delete
NAME T
STREET ADDRESS VELASCO, CARIDAD
CITY-ST-ZIP 950 SE 12TH STREET
HIALEAH FL 33010

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 111 NE 1st Street, Suite 820
CITY-ST-ZIP Miami, Florida 33132

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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:

Nancy J. Ansley, P.A. RESIDENT

4/18/03

305-416-9066

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)