2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Nov 03, 2008
Secretary of State

DOCUMENT# P02000123486

Entity Name: WARD TOWERS ASSISTED LIVING, INC.

Current Principal Place of Business:

5301 NW 23 AVE.
MIAMI, FL 33155

New Principal Place of Business:

5301 NW 23 AVE.
MIAMI, FL 33142

Current Mailing Address:

5301 NW 23 AVE.
MIAMI, FL 33155

New Mailing Address:

5301 NW 23 AVE.
MIAMI, FL 33142

FEI Number: 57-1139019 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BIERMAN, MITCHELL
2525 PONCE DE LEON BLVD
SUITE 700
MIAMI, FL 33134 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: PCD ( ) Delete
Name: DUFFIE, ALBED
Address: 6013 NW 7TH AVENUE, 2ND FLOOR
City-St-Zip: MIAMI, FL 33127

Title: D ( ) Delete
Name: POWELL, NORMA C
Address: 17100 NE 19 AVENUE
City-St-Zip: NORTH MIAMI BEACH, FL 33152

Title: D ( ) Delete
Name: YAP, GEORGE
Address: 2450 NW 76 STREET
City-St-Zip: MIAMI, FL 33147

Title: D ( ) Delete
Name: ANGELO, HENRY
Address: P.O. BOX 226408
City-St-Zip: MIAMI, FL 33122

Title: D (X) Delete
Name: ESCOBAR, CHESTER
Address: 1395 BRICKELL AVENUE, SUITE 650
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PCD (X) Change ( ) Addition
Name: MARTIN, ERNEST PH.D.
Address: 1000 NORTH RIVER DRIVE, #114
City-St-Zip: MIAMI, FL 33136

Title: D (X) Change ( ) Addition
Name: GOLDSMITH, BERTRAM
Address: 13035 NEVADA STREET
City-St-Zip: CORAL GABLES, FL 33156

Title: D (X) Change ( ) Addition
Name: MARTINEZ, MARICARMEN A.I.A.
Address: 3880 IRVINGTON AVENUE
City-St-Zip: COCONUT GROVE, FL 33133

Title: D (X) Change ( ) Addition
Name: PAPPAS, THEODORE J
Address: 2516 DESOTO BOULEVARD
City-St-Zip: CORAL GABLES, FL 33134

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ERNEST MARTIN PCD 11/03/2008

Electronic Signature of Signing Officer or Director — Date