2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 29, 2009
Secretary of State

DOCUMENT# P02000123486

Entity Name: WARD TOWERS ASSISTED LIVING, INC.

Current Principal Place of Business:

5301 NW 23 AVE.
MIAMI, FL 33142

New Principal Place of Business:

Current Mailing Address:

5301 NW 23 AVE.
MIAMI, FL 33142

New Mailing Address:

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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 C 06/29/2009

Electronic Signature of Signing Officer or Director Date