## **2007 FOR PROFIT CORPORATION** ANNUAL REPORT

## FILED May 04, 2007 8:00 am Secretary of State

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DOCUMENT # P02000124695  1. Entity Name LAKEVIEW MANOR ASSISTED LIVING FACILITY, INC.							05-04-200′	7 90079	025 ***150	0.00
Principal Plac	e of Business	Mailing Address				<u> </u>				
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5357 BROSCHE RD 5357 BROSCHE RD										
ORLANDO, FL 32807 ORLANDO, FL 32807					l					
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address							HAN AND HAN E	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					<b>.</b>			
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City & State	<u> </u>	City & State				4. FEI Number	20-40	1/2/13	0/   4	oplied For
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		<del></del>				<del>-42-1587</del>	<del>OUZ</del>			
Zip	Country	Zip	Count	ry	1	5. Certificate of	f Status Desired		\$8.75 Add	
								فبدا	Fee Require	d
	6. Name and Address of Current	Registered Agent				7. Name and	Address of New	Registere	d Agent	
*	•			Name						
APOSTOL	, JESUS		Ĺ							
5357 BRO	SCHE RD		- 1	Street Add	dress (F	P.O. Box Number	is Not Acceptal	ole)		
	), FL 32807		1							<del></del>
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	16.		-						<u> </u>	
	4		- 1	City				F	Zip Cod	e
	named entity submits this statement for	or the purpose of changing its	registere	d office or r	registere	ed agent, or both	, in the State of	Plorida. I a	m familiar with,	and accept
SIGNATURE.										
SIGNATURE.	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered	Agent signature	s required	when rainstating)		DATI	E	<del></del>
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE	: Registered	Agent signature	e required	when reinstating)		DATI	E	·
		9. Election Campai	gn Financ	cing	\$5.	00 May Be		DATI	E	····
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

SGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR