

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P03000052895

FILED
Aug 27, 2008
Secretary of State**Entity Name:** PERPETUAL CARE & SENIOR LIVING SERVICES INC.**Current Principal Place of Business:**747 BON AIR ST.
LAKELAND, FL 33805**New Principal Place of Business:****Current Mailing Address:**747 BON AIR ST.
LAKELAND, FL 33805**New Mailing Address:****FEI Number:** 58-2671071**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**GASMENA, PIER A
747 BON AIR ST
LAKELAND, FL 33805 US**Name and Address of New Registered Agent:**REMO, ARMANDO G
5406 HOOVER BLVD
SUITE 18
TAMPA, FL 33634 US

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: ARMANDO REMO

08/27/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** P () Delete
Name: GASMENA, PIER A
Address: 747 BON AIR ST
City-St-Zip: LAKELAND, FL 33805**Title:** VP () Delete
Name: GASMENA, JEFFREY S
Address: 747 BON AIR ST.
City-St-Zip: LAKELAND, FL 33805**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****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: PIER GASMENA

P

08/27/2008

Electronic Signature of Signing Officer or Director

Date