2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000157551

GENTLE CARE ASSISTED LIVING INC.



FILED May 05, 2008 08:00 Al Secretary of State

Principal Place of Business

66 BLARE CASTLE DR PALM COAST, FL 32137 Mailing Address

66 BLARE CASTLE DR PALM COAST, FL 32137



DO NOT WRITE IN THIS SPACE

04242008 No Chg-P CR2E034 (11/05) Applied For 4. FEI Number 33-1082968 Not Applicable \$8.75 Additional

5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

PRONESTI, EMMA 77-B BRUNSWICK LANE PALM COAST, FL 32137

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IN THIS SPACE

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	ions of registered agent.	1	ed office or registered agent, o	or both, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Cum a Province Signature, typed or printed name of registered agent and tide of		f Agent signature required when reinstatin	g) DATE
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	9. Election Campaign Finan Trust Fund Contribution.	scing \$5.00 May B Added to Fees	9
10.	OFFICERS AND DIREC	TORS		THE PARTIES WE BESTON TO BE
TITLE NAME STREET ADDRESS • CITY- ST- ZIP	PVST PRONESTI, EMMA 77-B BRUNSWICK LANE PALM COAST, FL 32137			U00000949533
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRONESTI, EMMA 77-B BRUNSWICK LANE PALM COAST, FL 32137			
TITLE NAME STREET ADDRESS CHY-SI-ZIP			D	O NOT WRITE

CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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

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