

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000054045

**FILED**  
**Jan 31, 2010**  
**Secretary of State**

**Entity Name:** ASSISTED LIVING OF PINELLAS INC

**Current Principal Place of Business:**

1119 MEADOWLAWN DRIVE NORTH  
ST PETERSBURG, FL 33702 US

**New Principal Place of Business:**

6944 18TH STREET NORTH  
ST PETERSBURG, FL 33702 US

**Current Mailing Address:**

1119 MEADOWLAWN DRIVE NORTH  
ST PETERSBURG, FL 33702 US

**New Mailing Address:**

6944 18TH STREET NORTH  
ST PETERSBURG, FL 33702 US

**FEI Number:** 20-0919487

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BILANOVIC, MIRJANA PD  
1119 MEADOW LAWN DRIVE NORTH  
ST PETERSBURG, FL 33702 US

**Name and Address of New Registered Agent:**

BILANOVIC, MIRJANA PD  
6944 18TH STREET NORTH  
ST PETERSBURG, FL 33702 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: BILANOVIC MIRJANA

01/31/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: BILANOVIC, MIRJANA PD  
Address: 6944 18TH STREET NORTH  
City-St-Zip: ST PETERSBURG, FL 33702 US

I hereby 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 all other like empowered.

SIGNATURE: BILANOVIC MIRJANA

PD

01/31/2010

Electronic Signature of Signing Officer or Director

Date