

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000066655

FILED
Feb 27, 2011
Secretary of State

Entity Name: ACADEMY ASSISTED LIVING FACILITY, INC.

Current Principal Place of Business:

1225 SOLTMAN AVE
FORT PIERCE, FL 34950

New Principal Place of Business:

Current Mailing Address:

702 MAYKKA RIVER TRACE
PORT ST LUCIE, FL 34986

New Mailing Address:

FEI Number: 14-1907065

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CELESTINE, MARIE O
702 MAYKKA RIVER TRACE
PORT ST LUCIE, FL 34986 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

OFFICERS AND DIRECTORS:

Title: D
Name: LAL, RAJWANTI
Address: 845 GRAND RESERVE BLVD
City-St-Zip: PORT ST LUCIE, FL 34986

Title: D
Name: CELESTINE, MARIE ODETE
Address: 702 MAYKKA RIVER TRACE
City-St-Zip: PORT ST LUCIE, FL 34986

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: RAJWANTIE LAL

D

02/27/2011

Electronic Signature of Signing Officer or Director

Date