

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 06, 2005 8:00 am
Secretary of State

06-06-2005 90002 001 ***150.00

DOCUMENT # P04000066889 1. Entity Name CARING NURSES ASSISTED LIVING FACILITY, INC.					
Principal Place of Business 900 S. HIGHLAND AVE CLEARWATER, FL 33756			Mailing Address 900 S. HIGHLAND AVE CLEARWATER, FL 33756		
2. Principal Place of Business <i>900 S. Highland Ave</i> <small>Suite, Apt. #, etc.</small>		3. Mailing Address <i>900 S. Highland Ave</i> <small>Suite, Apt. #, etc.</small>			
City & State <i>Clearwater, FL</i>		City & State <i>Clearwater, FL</i>		4. FEI Number <i>57-1199954</i>	
Zip <i>33756</i>		Country <i>USA</i>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SPINOWITZ, HARVEY J ESQ. 1421 COURT ST., SUITE C CLEARWATER, FL 33756				7. Name and Address of New Registered Agent Name <i>Helen Padilla</i> Street Address (P.O. Box Number is Not Acceptable) <i>900 S. Highland Ave</i> City <i>Clearwater</i> FL Zip Code <i>33756</i>	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <i>Helen Padilla - Administrator</i> <i>6/3/05</i> <small>Signature, typed or printed name of registered agent not applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <i>Pres. Helen Padilla 900 S. Highland Ave, Clearwater, FL 33756</i>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <i>Vice Pres. Philip Marmolag 2940 Bay View Dr Safety Harbor 34685</i>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <i>Director Manuel Padilla 120 11th Ave S. Largo FL 33710</i>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.					
SIGNATURE: <i>Helen Padilla</i> <i>6/3/05</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					