

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000048102

**Entity Name:** JOHANNA'S ASSISTED LIVING FACILITY, INC.

**FILED**  
**May 02, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1958 SW DORADO LANE  
PORT ST LUCIE, FL 34953

**New Principal Place of Business:**

**Current Mailing Address:**

1958 SW DORADO LANE  
PORT ST LUCIE, FL 34953

**New Mailing Address:**

FEI Number: 56-2512362      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

GILCHRIST, JO-ANNA  
1958 SW DORADO LANE  
PORT ST LUCIE, FL 34953    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:      GILCHRIST, JO-ANNA  
Address:      1958 SW DORADO LANE  
City-St-Zip:      PORT ST LUCIE, FL 34953

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: JOANNA GILCHRIST

Electronic Signature of Signing Officer or Director

MS.

05/02/2011

Date