2014 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000048102

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

FILED Sep 16, 2014 Secretary of State

Current Principal Place of Business: New P	rincipal Place of Business:
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1958 SW DORADO LANE PORT ST LUCIE, FL 34953

Current Mailing Address: New Mailing Address:

1958 SW DORADO LANE PORT ST LUCIE, FL 34953

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

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

GILCHRIST, JO-ANNA 1958 SW DORADO LANE PORT ST LUCIE, FL 34953 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: JO-ANNA GILCHRIST

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: MRS

 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: JO-ANNA GILCHRIST MRS. 09/16/2014