# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 28, 2011**
**Secretary of State**

DOCUMENT# P05000071006

**Entity Name:** AMERICAN LIFE ADULT CARE CENTER, INC.

**Current Principal Place of Business:**

8849 NW 169 TERRACE
MIAMI LAKES, FL 33018

**New Principal Place of Business:**

**Current Mailing Address:**

8849 NW 169 TERRACE
MIAMI LAKES, FL 33018

**New Mailing Address:**

**FEI Number: 20-2701582** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

SOCARRAS, ALAIN
8849 NW 169 TERRACE
MIAMI LAKES, FL 33018 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: PST
Name: SOCARRAS, ALAIN
Address: 8849 NW 169 TERRACE
City-St-Zip: MIAMI LAKES, FL 33018

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: ALAIN SOCARRAS PST 04/28/2011

Electronic Signature of Signing Officer or Director Date