

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000088844

FILED  
Apr 30, 2011  
Secretary of State

**Entity Name:** BLESSED ASSURANCE SENIOR CARE SERVICES CORPORATION

**Current Principal Place of Business:**

601 49TH STREET NORTH  
ST. PETERSBURG, FL 33710 US

**New Principal Place of Business:**

**Current Mailing Address:**

2960 SYVIEW DRIVE  
KISSIMMEE, FL 34746 US

**New Mailing Address:**

2960 SYKVIEW DRIVE  
KISSIMMEE, FL 34746 US

**FEI Number:** 20-3046531

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SALIO-AN, CHERYL R  
2960 SKYVIEW DRIVE  
KISSIMMEE, FL 34746 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: PRES  
Name: SALIO-AN, CHERYL R  
Address: 2960 SKYVIEW DRIVE  
City-St-Zip: KISSIMMEE,, FL 34746 US

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: CHERYL SALIO-AN

PRES

04/30/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date