

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000125004

FILED
Apr 11, 2012
Secretary of State

Entity Name: MM ASSISTED LIVING FACILITY INC.

Current Principal Place of Business:

113 NE 7TH ST
POMPANO BEACH, FL 33060

New Principal Place of Business:

Current Mailing Address:

113 NE 7TH ST
POMPANO BEACH, FL 33060

New Mailing Address:

FEI Number: 20-3452997

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KERLEW, MICHAEL
2213 E ATLANTIC BLVD
POMPANO BEACH, FL 33062 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: PD
Name: BICKERS, MALGORZATA
Address: 113 NE 7TH ST
City-St-Zip: POMPANO BEACH, FL 33060

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: MALGORZATA BICKERS

PD

04/11/2012

Electronic Signature of Signing Officer or Director

Date