## 2011 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000144024

Title: Name:

Title:

Name:

Address: City-St-Zip:

Address:

City-St-Zip:

MORALES, OSVALDO

16116 TAMPA STREET

TAMPA, FL 33548 US

SEGARRA, JENNY M

16116 TAMPA STREET

TAMPA, FL 33548 US

SEC

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

FILED Apr 20, 2011 Secretary of State

| Current Principal Place of Business:          |  |                                  | New Principal Place of Business:          |  |
|---|--|----------------------------------|---|--|
| 16116 TAN<br>LUTZ, FL                         | MPA STREET<br>33548 US                               |                                  |   |  |
| Current Mailing Address:                      |  |                                  | New Mailing Address:                      |  |
| 16116 TAN<br>LUTZ, FL                         | MPA STREET<br>33548 US                               |                                  |   |  |
| FEI Number:                                   | 20-5992646   | 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: |  |
|   | S, OSVALDO<br>MPA STREET<br>33548 US                 |                                  |   |  |
|   | named entity s<br>e of Florida.                      | submits this statement for the p | ourpose of changing its registere         | d office or registered agent, or both, |
| SIGNATUR                                      | RE:  |                                  |   |  |
|   | Electron   | ic Signature of Registered Ago   | ent                                       | Date                                   |
| OFFICERS                                      | S AND DIREC  | TORS:                            |   |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | P<br>MORALES, OS\<br>16116 TAMPA \$<br>LUTZ, FL 3354 | STREET                           |   |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | VP<br>SEGARRA, JEN<br>16116 TAMPA S<br>TAMPA, FL 335 | STREET                           |   |  |
| Title:  | TREA   |                                  |   |  |

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: OSVALDO MORALES PRES 04/20/2011