

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000156431

FILED
Apr 03, 2008
Secretary of State

Entity Name: MEDFLO ASSISTED LIVING FACILITY, INC.

Current Principal Place of Business:

4348 NW 5TH AVE
OAKLAND PARK, FL 33309

New Principal Place of Business:

Current Mailing Address:

4348 NW 5TH AVE
OAKLAND PARK, FL 33309

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

WILLIAMS, JODY
3335 N UNIVERSITY DR
STE 3
DAVIE, FL 33024 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WILLIAMS, FLO
Address: 3335 N UNIVERSITY DR - STE 3
City-St-Zip: DAVIE, FL 33024

Title: CP () Delete
Name: WILLIAMS, JODY
Address: 3335 N UNIVERSITY DR - STE 3
City-St-Zip: DAVIE, FL 33024

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: FLO WILLIAMS

P

04/03/2008

Electronic Signature of Signing Officer or Director

Date