

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000156431

**FILED**  
**Mar 05, 2011**  
**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:** 32-0263725

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JONES, JODY  
2028 NW 141 AVENUE  
PEMBROKE PINES, FL 33028 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: P  
Name: WILLIAMS, FLO  
Address: 2028 NW 141 AVENUE  
City-St-Zip: PEMBROKE PINES, FL 33028

Title: CP  
Name: JONES, JODY  
Address: 2028 NW 141 AVENUE  
City-St-Zip: PEMBROKE PINES, FL 33028

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: FLO WILLIAMS

PRES

03/05/2011

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

\_\_\_\_\_ Date