

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000005179

**FILED**  
**May 19, 2011**  
**Secretary of State**

**Entity Name:** LIGHTHOUSE ASSISTED LIVING FACILITIES OF NORTH FLORIDA, INC.

**Current Principal Place of Business:**

7655 COLLINS RIDGE BLVD.  
JACKSONVILLE, FL 32244

**New Principal Place of Business:**

**Current Mailing Address:**

7655 COLLINS RIDGE BLVD.  
JACKSONVILLE, FL 32244

**New Mailing Address:**

**FEI Number:** 20-8232671

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LAYE, L B JR  
795-C BLANDING BLVD  
ORANGE PARK, FL 32065 US

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

B.S. LLC  
1857 WELLS ROAD  
ORANGE PARK, FL 32073 US

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:** DAVID STEINFELD

05/19/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** PC  
**Name:** HUTCHINSON, JONATHAN P  
**Address:** 7655 COLLINS RIDGE BLVD  
**City-St-Zip:** JACKSONVILLE, FL 32244

**Title:** VT,S  
**Name:** HUTCHINSON, SHEILA  
**Address:** 7655 COLLINS RIDGE BLVD  
**City-St-Zip:** JACKSONVILLE, FL 32244

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:** SHEILA HUTCHINSON

VT,S

05/19/2011

Electronic Signature of Signing Officer or Director

Date