

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000019917

FILED  
May 11, 2008  
Secretary of State

**Entity Name:** LAURELWOOD ASSISTED LIVING FACILITY, INC.

**Current Principal Place of Business:**

10794 COUNTY OSTRICH DR  
PENSACOLA, FL 32534

**New Principal Place of Business:**

1851 W. TEN MILE RD.  
CANTONMENT, FL 32533

**Current Mailing Address:**

10794 COUNTY OSTRICH DR  
PENSACOLA, FL 32534

**New Mailing Address:**

**FEI Number:** 45-0551081

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NELSON, KEVIN D  
30 SOUTH SPRING STREET  
PENSACOLA, FL 32502 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PST ( ) Delete  
Name: DUFVA, LEONILA  
Address: 10794 COUNTY OSTRICH DR  
City-St-Zip: PENSACOLA, FL 32534

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: VP ( ) Change (X) Addition  
Name: DUFVA, MARK  
Address: 10794 COUNTRY OSTRICH DR.  
City-St-Zip: PENSACOLA, FL 32534

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: MARK DUFVA

VP

05/11/2008

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

\_\_\_\_\_  
Date