

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000019917

FILED
Apr 29, 2009
Secretary of State

Entity Name: LAURELWOOD ASSISTED LIVING FACILITY, INC.

Current Principal Place of Business:

1851 W. TEN MILE RD.
CANTONMENT, FL 32533

New Principal Place of Business:

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

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

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: MARK DUFVA

VP

04/29/2009

Electronic Signature of Signing Officer or Director

Date