2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2012
Secretary of State

DOCUMENT# P07000019917

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

OFFICERS AND DIRECTORS:

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

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

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: MARK DUFVA VP 04/03/2012

Electronic Signature of Signing Officer or Director — Date