

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000035276

FILED
Feb 16, 2009
Secretary of State

Entity Name: ASSISTED LIVING FACILITIES OF FLORIDA, INC.

Current Principal Place of Business:

5688 NW CROCUS AVE.
PORT ST. LUCIE, FL 34986

New Principal Place of Business:

Current Mailing Address:

5697 N.W. CROTON AVENUE
PORT SAINT LUCIE, FL 34986

New Mailing Address:

5688 NW CROCUS AVE
PORT SAINT LUCIE, FL 34986

FEI Number: 20-8660866

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OLDAKOWSKI, GREG A
5697 N.W. CROTON AVENUE
PORT ST. LUCIE, FL 34986 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: P () Delete
Name: OLDAKOWSKI, RONALD
Address: 4724 S. 25TH STREET
City-St-Zip: FORT PIERCE, FL 34981

Title: VP () Delete
Name: OLDAKOWSKI, GREG
Address: 4724 S. 25TH STREET
City-St-Zip: FORT PIERCE, FL 34981

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: OLDAKOWSKI, GREG A
Address: 5967 NW CROTON AVE
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: VP (X) Change () Addition
Name: OLDAKOWSKI, RONALD G
Address: 5688 NW CROCUS AVE
City-St-Zip: PORT SAINT LUCIE, FL 34986

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: RONALD G. OLDAKOWSKI

VP

02/16/2009

Electronic Signature of Signing Officer or Director

Date