

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000042812

FILED  
Jan 17, 2011  
Secretary of State

**Entity Name:** ASSISTED LIVING OF PALM BEACH GARDENS INC.

**Current Principal Place of Business:**

9239 W.HIGHLAND PINES DR  
PALM BEACH GARDENS, FL 33418

**New Principal Place of Business:**

**Current Mailing Address:**

9239 W.HIGHLAND PINES DR  
PALM BEACH GARDENS, FL 33418

**New Mailing Address:**

FEI Number: 56-2648481

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

SANDERS, TINA  
8843 JASPERS DR  
BOYNTON BEACH, FL 33437 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: PT  
Name: SANDERS, TINA  
Address: 8843 JASPERS DR  
City-St-Zip: BOYNTON BEACH, FL 33472

Title: V  
Name: SMITH, MAURICE H  
Address: 9239 W.HIGHLAND PINES DR  
City-St-Zip: PALM BEACH GARDENS, FL 33418

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: TINA SANDERS

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01/17/2011

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

\_\_\_\_\_  
Date