2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2012
Secretary of State

DOCUMENT# P07000098629

Entity Name: A & M ASSISTED LIVING FACILITY, INC.

Current Principal Place of Business:

1581 ZAFFER STREET NW
PALM BAY, FL 32907

New Principal Place of Business:

Current Mailing Address:

1581 ZAFFER STREET NW
PALM BAY, FL 32907

New Mailing Address:

FEI Number: 26-0866745 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GILLIARD, MARLENE
3938 GARDENWOOD CIRCLE
GRANT, FL 32949 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: DP
Name: GILLIARD, MARLENE
Address: 3938 GARDENWOOD CIRCLE
City-St-Zip: GRANT, FL 32949

Title: DVP
Name: GILLIARD, ANTHONY
Address: 3938 GARDENWOOD CIRCLE
City-St-Zip: GRANT, FL 32949

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: ANTHONY GILLIARD DVP 05/01/2012

Electronic Signature of Signing Officer or Director — Date