

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000132858

FILED
Apr 30, 2008
Secretary of State

Entity Name: COUNTRY LIVING ASSISTED CARE CENTER, INC.

Current Principal Place of Business:

1762 SW ARCH ST.
PORT SAINT LUCIE, FL 34953

New Principal Place of Business:

Current Mailing Address:

448 SE JUSTINE TERR.
PORT SAINT LUCIE, FL 34983

New Mailing Address:

FEI Number: 26-1588160

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RIZZOLO, JAMES
1958 SE PORT SAINT LUCIE BLVD.
PORT SAINT LUCIE, FL 34952 US

Name and Address of New Registered Agent:

EDGETT, CHRISTINE
448 SE JUSTINE TER
PORT SAINT LUCIE, FL 34983 US

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: CHRISTINE EDGETT

04/30/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: EDGETT, DAVID C
Address: 448 SE JUSTINE TERR.
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: VP/T () Delete
Name: EDGETT, CHRISTINE A
Address: 448 SE JUSTINE TERR.
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: S () Delete
Name: CAMMARASANA, CAROL A
Address: 273 SW GLENWOOD DR.
City-St-Zip: PORT SAINT LUCIE, FL 34984

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: CHRISTINE EDGETT

VP

04/30/2008

Electronic Signature of Signing Officer or Director

Date