

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000132858

FILED
Apr 27, 2011
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:

1762 SW ARCH ST.
PORT SAINT LUCIE, FL 34953

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:

EDGETT, CHRISTINE
1762 SW ARCH ST
PORT SAINT LUCIE, FL 34953 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: P
Name: EDGETT, DAVID C
Address: 1762 SW ARCH ST
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: VP/T
Name: EDGETT, CHRISTINE A
Address: 1762 SW ARCH ST
City-St-Zip: PORT SAINT LUCIE, FL 34953

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

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: CHRISTINE EDGETT

VP/T

04/27/2011

Electronic Signature of Signing Officer or Director

Date