

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000016852

FILED  
May 29, 2009  
Secretary of State

Entity Name: SAINT LAZARUS ASSISTING LIVING, INC.

**Current Principal Place of Business:**

5209 LANDSMAN AVE.  
TAMPA, FL 33625

**New Principal Place of Business:**

**Current Mailing Address:**

5209 LANDSMAN AVE.  
TAMPA, FL 33625

**New Mailing Address:**

FEI Number: 80-0152365

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CASTRO, ENRIQUE  
5209 LANDSMAN AVE.  
TAMPA, FL 33625 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: GIL, DAINERYS  
Address: 5209 LANDSMAN AVE.  
City-St-Zip: TAMPA, FL 33625

Title: D ( ) Delete  
Name: CASTRO, ENRIQUE  
Address: 5209 LANDSMAN AVE.  
City-St-Zip: TAMPA, FL 33625

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: GIL, DAINERYS  
Address: 5209 LANDSMAN AVE.  
City-St-Zip: TAMPA, FL 33625

Title: VP (X) Change ( ) Addition  
Name: CASTRO, ENRIQUE  
Address: 5209 LANDSMAN AVE.  
City-St-Zip: TAMPA, FL 33625

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: DAYNERIS GIL

P

05/29/2009

Electronic Signature of Signing Officer or Director

Date