

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000069536

**FILED**  
**Mar 06, 2012**  
**Secretary of State**

**Entity Name:** DR. PHILLIPS RESIDENTIAL LIVING, INC.

**Current Principal Place of Business:**

6311 VINELAND ROAD  
ORLANDO, FL 32819

**New Principal Place of Business:**

**Current Mailing Address:**

7442 MEGAN ELISSA LANE  
ORLANDO, FL 32819

**New Mailing Address:**

6311 VINELAND ROAD  
ORLANDO, FL 32819

**FEI Number:** 26-3037770

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CELESTINO, CORA B  
7442 MEGAN ELISSA LANE  
ORLANDO, FL 32819 US

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

CELESTINO, CORAZON B  
7442 MEGAN ELISSA LANE  
ORLANDO, FL 32819 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:** CORAZON B. CELESTINO

03/06/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** CELESTINO, CORAZON B  
**Address:** 7442 MEGAN ELISSA LANE  
**City-St-Zip:** ORLANDO, FL 32819

**Title:** VP  
**Name:** CELESTINO, JAIME A  
**Address:** 7442 MEGAN ELISSA LANE  
**City-St-Zip:** ORLANDO, FL 32819

**Title:** S, T  
**Name:** CELESTINO, JAZON B  
**Address:** 7442 MEGAN ELISSA LANE  
**City-St-Zip:** ORLANDO, FL 32819

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:** CORAZON B. CELESTINO

PRES

03/06/2012

Electronic Signature of Signing Officer or Director

Date