

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000021319

**FILED**  
**Apr 21, 2011**  
**Secretary of State**

**Entity Name:** HILL VIEW ASSISTED LIVING INC

**Current Principal Place of Business:**

564 NEW HOME CIRCLE  
GRACEVILLE, FL 32440

**New Principal Place of Business:**

3854 HWY 2  
GRACEVILLE, FL 32440

**Current Mailing Address:**

564 NEW HOME CIRCLE  
GRACEVILLE, FL 32440

**New Mailing Address:**

3854 HWY 2  
GRACEVILLE, FL 32440

**FEI Number:** 26-4411083

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SHIVER, JIMMY A  
564 NEW HOME CIRCLE  
GRACEVILLE, FL 32440 US

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

SHIVER, SHELIA  
3854 HWY 2  
GRACEVILLE, FL 32440 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:** SHELIA SHIVER

04/21/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** SHIVER, SHELIA  
**Address:** 3854 HWY 2  
**City-St-Zip:** GRACEVILLE, FL 32440

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:** SHELIA SHIVER

P

04/21/2011

Electronic Signature of Signing Officer or Director

Date