

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000052587

FILED
Apr 16, 2010
Secretary of State

Entity Name: YASHAR'S ASSISTED LIVING CENTER, INC.

Current Principal Place of Business:

1324 SW 71ST TERRACE
NORTH LAUDERDALE, FL 33068

New Principal Place of Business:

1324 SW 71ST TERRACE
NORTH LAUDERDALE, FL 33068 US

Current Mailing Address:

1324 SW 71ST TERRACE
NORTH LAUDERDALE, FL 33068

New Mailing Address:

1324 SW 71ST TERRACE
NORTH LAUDERDALE, FL 33068 US

FEI Number: 27-0492275

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LAW OFFICE OF NICOLE VERLIE JOHNSON, P.A.
2866 WATERBROOK WAY
TALLAHASSEE, FL 32312 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD
Name: BOWEN, SHARON L
Address: 1324 SW 71ST TERRACE
City-St-Zip: NORTH LAUDERDALE, FL 33068 US

Title: VPD
Name: REID, PANSY P
Address: 8481 NW 21ST COURT
City-St-Zip: SUNRISE, FL 33322 US

Title: SD
Name: REID, JULIE-ANN P A
Address: 8481 NW 21ST COURT
City-St-Zip: SUNRISE, FL 33322 US

Title: TD
Name: CUNNINGHAM, JACQUELINE
Address: 2916 NW 60TH TERRACE , APT 128
City-St-Zip: SUNRISE, FL 33313 US

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: SHARON BOWEN

PD

04/16/2010

Electronic Signature of Signing Officer or Director

Date