

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000052587

**FILED**  
**Apr 18, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

1324 SW 71ST TERRACE  
NORTH LAUDERDALE, FL 33068 US

**New Principal Place of Business:**

**Current Mailing Address:**

1324 SW 71ST TERRACE  
NORTH LAUDERDALE, FL 33068 US

**New Mailing Address:**

**FEI Number:** 27-0492275

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**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

**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

04/18/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date