

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000062266

FILED
Apr 29, 2011
Secretary of State

Entity Name: SUNSHINE ACRES LOVING CARE ASSISTED LIVING FACILITY, INC

Current Principal Place of Business:

2563 RIVER ROAD
CARYVILLE, FL 32427

New Principal Place of Business:

Current Mailing Address:

4760 8TH AVENUE SOUTH
ST. PETERSBURG, FL 33711

New Mailing Address:

FEI Number: 80-0446146

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MANUKONDA, JOHN
3414 WEST LAMBRIGHT ST
316
TAMPA, FL 33614 US

Name and Address of New Registered Agent:

MANUKONDA, JOHN
4760 8TH AVENUE SOUTH
ST PETERSBURG, FL 33711 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: JOHN MANUKONDA

04/29/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: MANUKONDA, JOHN
Address: 4760 8TH AVENUE SOUTH
City-St-Zip: ST PETERSBURG, FL 33711

Title: VP
Name: MANUKONDA, ESMERALDA
Address: 8416 N HABANA AVENUE
City-St-Zip: TAMPA, FL 33614

Title: DIR
Name: RIVERA, MIGUEL
Address: 4760 8TH AVENUE SOUTH
City-St-Zip: ST PETERSBURG, FL 33711

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: ESMERALDA MANUKONDA

VP

04/29/2011

Electronic Signature of Signing Officer or Director

Date