

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000078317

FILED  
May 05, 2010  
Secretary of State

**Entity Name:** PERSONAL TOUCH ASSISTED LIVING FACILITY, INC.

**Current Principal Place of Business:**

20 FIR TRAIL COURSE  
OCALA, FL 34472

**New Principal Place of Business:**

**Current Mailing Address:**

20 FIR TRAIL COURSE  
OCALA, FL 34472

**New Mailing Address:**

PO BOX 147  
OCALA, FL 34478

**FEI Number:** 27-1008207

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LILLY, JACQUILINE R  
20 FIR TRAIL COURSE  
OCALA, FL 34472 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PSTD  
Name: LILLY, JACQUILINE R  
Address: 20 FIR TRAIL COURSE  
City-St-Zip: Ocala, FL 34472

Title: VPD  
Name: MILLER-LEWIS, GLYN  
Address: 307 NE 36TH AVE, STE. 1  
City-St-Zip: Ocala, FL 344701307

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:** J.R. LILLY

MS

05/05/2010

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

\_\_\_\_\_  
Date