

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000085249

FILED  
Apr 29, 2010  
Secretary of State

**Entity Name:** SARAH'S CARE ASSISTED LIVING FACILITY CORP.

**Current Principal Place of Business:**

2094 EAST CAROL CIRCLE  
WEST PALM BEACH, FL 33415

**New Principal Place of Business:**

**Current Mailing Address:**

2094 EAST CAROL CIRCLE  
WEST PALM BEACH, FL 33415

**New Mailing Address:**

FEI Number: 27-1109244

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SHIGALI, JANE  
2094 EAST CAROL CIRCLE  
WEST PALM BEACH, FL 33415 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: D/P  
Name: SHIGALI, JANE  
Address: 2094 EAST CAROL CIRCLE  
City-St-Zip: WEST PALM BEACH, FL 33415

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: JANE SHIGALI

D,P

04/29/2010

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

\_\_\_\_\_ Date