

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000096202

**FILED**  
**Mar 18, 2010**  
**Secretary of State**

**Entity Name:** ASSISTED LIVING OF THE PALM BEACHES, INC.

**Current Principal Place of Business:**

13445 44TH PLACE NORTH  
WEST PALM BEACH, FL 33414

**New Principal Place of Business:**

**Current Mailing Address:**

13445 44TH PLACE NORTH  
WEST PALM BEACH, FL 33414 US

**New Mailing Address:**

13445 44TH PLACE NORTH  
WEST PALM BEACH, FL 33414

**FEI Number:** 27-1366749

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

VALDERRAMA, JOHN D  
13445 44TH PLACE NORTH  
WEST PALM BEACH, FL 33414 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: P  
Name: VALDERRAMA, JOHN D  
Address: 13445 44TH PLACE NORTH  
City-St-Zip: WEST PALM BEACH, FL 33411 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:** JOHN D VALDERRAMA

PRES

03/18/2010

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

\_\_\_\_\_  
Date