

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000099999

**FILED**  
**Jan 16, 2011**  
**Secretary of State**

**Entity Name:** EL PINAR ASSISTED LIVING FACILITY, INC.

**Current Principal Place of Business:**

17246 43 ROAD N.  
LOXAHATCHEE, FL 33470

**New Principal Place of Business:**

5613 BISCAYNE DRIVE  
GREENACRES, FL 33463

**Current Mailing Address:**

5613 BISCAYNE DRIVE  
GREENACRES, FL 33463

**New Mailing Address:**

**FEI Number:** 27-3287685

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CASTRO, EDELISA  
5613 BISCAYNE DRIVE  
GREENACRES, FL 33463 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: P  
Name: CASTRO, EDELISA  
Address: 5613 BISCAYNE DRIVE  
City-St-Zip: GREENACRES, FL 33463

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: EDELISA CASTRO

P

01/16/2011

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

\_\_\_\_\_  
Date