

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000025172

**FILED**  
**Jan 08, 2011**  
**Secretary of State**

**Entity Name:** MAGNOLIA MANOR ASSISTED LIVING, INC.

**Current Principal Place of Business:**

17420 OLD TOBACCO ROAD  
LUTZ, FL 33558 US

**New Principal Place of Business:**

**Current Mailing Address:**

17420 OLD TOBACCO ROAD  
LUTZ, FL 33558 US

**New Mailing Address:**

9033 CLIFF LAKE LANE  
TAMPA, FL 33614 US

**FEI Number:** 27-2184599

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

SCHECHT, NEIL S  
3630 WEST KENNEDY BLVD.  
TAMPA, FL 33609 US

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

KEITHLY, BARBARA F  
9033 CLIFF LAKE LANE  
TAMPA, FL 33614 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: BARBARA F KEITHLY

01/08/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P/S  
Name: KEITHLY, BARBARA F  
Address: 9033 CLIFF LAKE LANE  
City-St-Zip: TAMPA, FL 33614 US

Title: VPTR  
Name: PEREZ, DENNIS A  
Address: 9033 CLIFF LAKE LANE  
City-St-Zip: TAMPA, FL 33614 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: BARBARA F KEITHLY

PRES

01/08/2011

Electronic Signature of Signing Officer or Director

Date