

**2011 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P10000028227

**FILED**  
**Feb 22, 2011**  
**Secretary of State**

**Entity Name:** OCTAVIA GARDENS ASSISTED LIVING FACILITY, INC.

**Current Principal Place of Business:**

315 LAS PALMAS ST  
ROYAL PALM BEACH, FL 33411 US

**New Principal Place of Business:**

**Current Mailing Address:**

315 LAS PALMAS ST  
ROYAL PALM BEACH, FL 33411 US

**New Mailing Address:**

FEI Number: 27-2297150

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

A & J TAX SERVICE INC  
2620 BUTTONWOOD AVE  
MIRAMAR, FL 33025 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: BARNES, MONICA E  
Address: 315 LAS PALMAS ST  
City-St-Zip: ROYAL PALM BEACH, FL 33411 US

Title: VP  
Name: BARNES, KERINNA M  
Address: 315 LAS PALMAS ST  
City-St-Zip: ROYAL 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: MONICA BARNES

P

02/22/2011

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

\_\_\_\_\_ Date