2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2012
Secretary of State

DOCUMENT# P10000049755

Entity Name: TRANSITION CARE ASSISTED LIVING FACILITY CORP

Current Principal Place of Business:

1613 SW MERIDIAN AVE
PORT SAINT LUCIE, FL 34953 US

New Principal Place of Business:

Current Mailing Address:

1613 SW MERIDIAN AVE
PORT SAINT LUCIE, FL 34953 US

New Mailing Address:

FEI Number: 27-2807459 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MIHALOW, PAULINE CELETA
1613 SW MERIDIAN AVE
PORT SAINT LUCIE, FL 34953 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: CEO
Name: MIHALOW PAULINE, CELETA
Address: 1613 SW MERIDIAN AVE
City-St-Zip: PORT SAINT LUCIE, FL 34953 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: PAULINE C MIHALOW CEO 04/27/2012

Electronic Signature of Signing Officer or Director Date