2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2011
Secretary of State

DOCUMENT# P10000075560

Entity Name: CALVINELLE SOUTH ASSISTED LIVING FACILITY, INC.

Current Principal Place of Business:

1750 NW 41ST
MIAMI, FL 33142

New Principal Place of Business:

Current Mailing Address:

6151 MIRAMAR PKWY STE 310
MIRAMAR, FL 33023

New Mailing Address:

FEI Number: 90-0614991 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BROWN, CALVIN C
6151 MIRAMAR PKWY STE 310
MIRAMAR, FL 33023 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: BROWN, CALVIN
Address: 1750 NW 41ST
City-St-Zip: MIAMI, FL 33142

Title: V
Name: LEWIN, LEROY
Address: 1750 NW 41ST
City-St-Zip: MIAMI, FL 33142

Title: S
Name: LEROY, LEWIN C
Address: 1750 NW 41 STREET
City-St-Zip: MIAMI, FL 33142

Title: T
Name: BROWN, CALVIN
Address: 1750 NW 41ST
City-St-Zip: MIAMI, FL 33142

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: CALVIN C BROWN P 04/29/2011

Electronic Signature of Signing Officer or Director — Date