## 2012 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P11000033627

FILED Apr 01, 2012 Secretary of State

Entity Name: CRIMSON MANOR ASSISTED LIVING FACILITY INC.

Current Principal Place of Business:	New Principal Place of Business:
2239 AMNESTY DRIVE NORTH PORT, FL 34288	1218 CRIMSON AVE NORTH PORT, FL 34288
Current Mailing Address:	New Mailing Address:
2239 AMNESTY DRIVE NORTH PORT, FL 34288	1218 CRIMSON AVE NORTH PORT, FL 34288
FEI Number: 45-1194026 FEI Number Applied For ( )	FEI Number Not Applicable ( ) Certificate of Status Desired ( )
Name and Address of Current Registered Agent:	Name and Address of New Registered Agent:
ROMERO, JOE 2239 AMNESTY DRIVE NORTH PORT, FL 34288 US	
The above named entity submits this statement for the puin the State of Florida.	urpose of changing its registered office or registered agent, or both
SIGNATURE:	
Electronic Signature of Registered Ager	nt Date
OFFICERS AND DIRECTORS:	
Title: D	

Name: ROMERO, ANABEL
Address: 2239 AMNESTY DRIVE
City-St-Zip: NORTH PORT, FL 34288

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: ANABEL ROMERO P 04/01/2012