

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000068902

**FILED**  
**Apr 05, 2012**  
**Secretary of State**

**Entity Name:** BISCAYNE VILLA ASSISTED LIVING FACILITY, INC.

**Current Principal Place of Business:**

12214 SW 203 TERRACE  
MIAMI, FL 33177 US

**New Principal Place of Business:**

22181 SW 117 AVE.  
MIAMI, FL 33170 US

**Current Mailing Address:**

12214 SW 203 TERRACE  
MIAMI, FL 33177 US

**New Mailing Address:**

22181 SW 117 AVE.  
MIAMI, FL 33170 US

**FEI Number:** 45-2873203

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

COLLINS-SMITH, PEBBLES  
13407 SW 263 STREET  
MIAMI, FL 33032 US

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

COLLINS-SMITH, PEBBLES  
22181 SW 117 AVE.  
MIAMI, FL 33170 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:

Electronic Signature of Registered Agent

04/05/2012

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: COLLINS-SMITH, PEBBLES  
Address: 22181 W 117 AVE.  
City-St-Zip: MIAMI, FL 33170

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: PEBBLES COLLINS-SMITH

P

04/05/2012

Electronic Signature of Signing Officer or Director

Date