# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 10, 2012**
**Secretary of State**

DOCUMENT# P11000107061

**Entity Name:** WILDFLOWER MEADOWS ASSISTED LIVING FACILITY, INC.

**Current Principal Place of Business:**

470 CR 469
CENTER HILL, FL 33514

**New Principal Place of Business:**

**Current Mailing Address:**

1820 NORTH 57TH STREET
TAMPA, FL 33619

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

RICHARDS, DOUGLAS L
470 CR 469
CENTER HILL, FL 33514 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: V
Name: RICHARDS, ELSA B
Address: 1820 NORTH 57TH STREET
City-St-Zip: TAMPA, FL 33619

Title: D
Name: RICHARDS, DOUGLAS L
Address: 1820 NORTH 57TH STREET
City-St-Zip: TAMPA, FL 33619

Title: P
Name: SUMMERLIN, JULIE
Address: 12912 CR721
City-St-Zip: WEBSTER, FL 33597

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: DOUGLAS L. RICHARDS D 02/10/2012

Electronic Signature of Signing Officer or Director — Date