2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

DOCUMENT # P93000016600

1. Entity Name

ABUNDANT CARE RETIREMENT RESIDENCE.



FILED Apr 18, 2006 8:00 am Secretary of State

04-18-2006 90077 027 ***150.00

INCORPORATED Principal Place of Business Mailing Address 201 NE 40TH COURT OAKLAND PARK FL 33334 201 NE 40TH COURT OAKLAND PARK FL 33334 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 65-0339867 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SARZYNSKI, WANDA Street Address (P.O. Box Number is Not Acceptable) 201 NE 40TH COURT OAKLAND PARK FL 33334 8. 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. I am familiar with, and adept the obligations of registered agent. SIGNATURE Signature, typed or pretted name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE D Delete TITLE ☐ Addition NAME SARZYNSKI, ZBIGNIEW NAME 6501 N.W. 50ST STREET ADDRESS STREET ADDRESS 201 NE 40TH COURT LAUNSPHILL, FL. CITY-ST-ZIP CITY-ST-ZIP OAKLAND PARK FL 33334 TITLE D Delete TITLE ☐ Addition SARZYNSKI, WANDA NAME 6501 N.W.GOST. LAUSEHILL, FL. STREET ADDRESS 201 NE 40TH COURT STREET ADDRESS CITY-ST-ZIP OAKLAND PARK FL 33334 CITY-ST-ZIP TITLE ☐ Delete THILE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS City-St-7IP CITY-ST-ZIP THTLE ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes, I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: