

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000039411

FILED
Apr 29, 2009
Secretary of State

Entity Name: SENIOR LIVING MANAGEMENT CORP.

Current Principal Place of Business:

4661 JOHNSON RD
SUITE 7
COCONUT CREEK, FL 33073 US

New Principal Place of Business:

Current Mailing Address:

4661 JOHNSON RD
SUITE 7
COCONUT CREEK, FL 33073 US

New Mailing Address:

FEI Number: 65-0413950 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WAGNER, DENNIS
4661 JOHNSON ROAD
SUITE 7
COCONUT CREEK, FL 33073 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WAGNER, DENNIS
Address: 14375 PEACE RIVER WAY
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: T () Delete
Name: RUBIN, URI
Address: 4661 JOHNSON ROAD - SUITE 7
City-St-Zip: COCONUT CREEK, FL 33073

Title: SD () Delete
Name: WANG, CHUAN
Address: 802 PRIMA VERA RD.
City-St-Zip: GLENDORA, CA 91740

Title: VP () Delete
Name: HSU, ANDREW
Address: 714 WINTHROP RD
City-St-Zip: SAN MARINO, CA 91108

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: URI RUBIN

T

04/29/2009

Electronic Signature of Signing Officer or Director

Date