

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2000 8:00 am
Secretary of State
 03-07-2000 90019 028 ***158.75

DOCUMENT # P93000044555(9)
 Entity Name

ASSISTED LIVING SERVICES, INC.
 Principal Place of Business: 715 HORSESHOE TRACE, WELLINGTON, FL. 33414
 Mailing Address: 14915 HORSESHOE TRACE, WELLINGTON, FL. 33414

914923

DO NOT WRITE IN THIS SPACE

Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		65-0419468		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country	<input checked="" type="checkbox"/>			

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
M.I.E. WILSON				Name			
14915 HORSESHOE TRACE				Street Address (P.O. Box Number is Not Acceptable)			
WELLINGTON, FL. 33414				City			
				FL			
				Zip Code			

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.

SIGNATURE *M.I.E. Wilson* (NOTE: Registered Agent signature required when reinstating) DATE 2-14-00

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
 NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # PD	WILSON, M.I.E. 14915 HORSESHOE TRACE WELLINGTON, FL. 33414	STREET ADDRESS	
DOCUMENT # D	STEINBERGER, S. 14915 HORSESHOE TRACE WELLINGTON, FL. 33414	STREET ADDRESS	
DOCUMENT #		STREET ADDRESS	
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE *M.I.E. Wilson* DATE 2-14-00
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Daytime Phone #