## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B, Mitham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 P94000035965 (0) DOCUMENT # BURNETT'S ADULT LIVING FACILITY, INC. Principal Place of Business Mailina Address 1540 W. 30TH STREET 1540 W. 30TH STREET RIVIERA BEACH FL 33404 RIVIERA BEACH FL 33404 Applied For 2. Principal Place of Business 2a. Mailing Address Not Applicable 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc 5. Certificate of Status Desired Fee Required 27 \$5.00 May Be City & State 6. Election Campaign Financing City & State П Trust Fund Contribution Added to Fees 28 8. This corporation has liability for intangible tax under s. 199.032. Country Zio Florida Statutes Yes No 30 29 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 FRISENDA, NANCY Box Number is Not Acceptable) 82 744 SW SOUTH MACEDO BLVD 9091 N. MILITARY TR., STE, 16 PORT ST. LUCIE FL 34983 85 Zin Code 3340/ 84 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Mildred D. Burnett Vildred D. Burnett ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. DELETE resident BURNETT, MILDRED D. Mildred D. Burnett 1439 N. Mangonia Cir. West Palm Beach, FL 33401 1.2 NAME NAME 1439 NORTH MANGONIA CIRCLE L3 STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL 1.4 CITY - ST-ZIP CITY-ST-ZIP DELETE 2 1 Tille V. President TIFLE BURNETT, LEONARD JR Burnett, Leonard 1439 N. Mangonia Circ 2.2 NAME NAME 1439 NORTH MANGONIA CIRCLE 2.3 STREET ADDRESS STREET ADDRESS West Palm Beach, FL 33401 WEST PALM BEACH FL 2.4 C/TY-ST-Z/P CITY-ST-ZIP ☐ Addition DELETE TITLE 3 1 THE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS

E 4 CITY - ST - 7IP 14. I do hereby certify that the information supplied with this filing is vocuntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 this receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address. CITY-ST-ZIP

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