5-15-97 B-7268 C

FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

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May 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000066141 (9)**

1. Corporation Name
NATIONAL ASSISTED LIVING, INC.

Principal Place of Business	Mailing Address
PKWY FINANCIAL CTR 2150 GOODLETTE RD #800 NAPLES FL 34102	PKWY FINANCIAL CTR 2150 GOODLETTE RD #800 NAPLES FL 34102-4812

3. Date Incorporated or Qualified: 08/25/1995
3a. Date of Last Report: 06/24/1996
4. FEI Number: 65-0610118 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes XX Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET STE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	XX ☐ Change	☐ Addition
NAME	WAGNER, GEORGE P JR		1.2 NAME		
STREET ADDRESS	975 SIXTH AVE. S., #105		1.3 STREET ADDRESS	2150 Goodlette Road, Suite 800	
CITY-ST-ZIP	NAPLES FL 33940		1.4 CITY-ST-ZIP	Naples, FL 34102	
TITLE	VSTD	☐ DELETE	2.1 TITLE	XX Change	☐ Addition
NAME	PARRISH, ALAN D		2.2 NAME		
STREET ADDRESS	975 SIXTH AVE. S., #105		2.3 STREET ADDRESS	2150 Goodlette Road, Suite 800	
CITY-ST-ZIP	NAPLES FL 33940		2.4 CITY-ST-ZIP	Naples, FL 34102	
TITLE	V	☐ DELETE	3.1 TITLE	☑ Change	☐ Addition
NAME	OSWALD, SHARON		3.2 NAME		
STREET ADDRESS	975 SIXTH AVE. S., #105		3.3 STREET ADDRESS	2150 Goodlette Road, Suite 800	
CITY-ST-ZIP	NAPLES FL 33940		3.4 CITY-ST-ZIP	Naples, FL 34102	
TITLE	V	☐ DELETE	4.1 TITLE	☑ Change	☐ Addition
NAME	JOSEPH, DONALD		4.2 NAME		
STREET ADDRESS	975 SIXTH AVE. S., #105		4.3 STREET ADDRESS	2150 Goodlette Road, Suite 800	
CITY-ST-ZIP	NAPLES FL 33940		4.4 CITY-ST-ZIP	Naples, FL 34102	
TITLE	VC	☐ DELETE	5.1 TITLE	☑ Change	☐ Addition
NAME	RAWLES, TOM		5.2 NAME		
STREET ADDRESS	975 SIXTH AVE. S., #105		5.3 STREET ADDRESS	2150 Goodlette Road, Suite 800	
CITY-ST-ZIP	NAPLES FL 33940		5.4 CITY-ST-ZIP	Naples, FL 34102	
TITLE	D	☐ DELETE	6.1 TITLE	☐ Change	☐ Addition
NAME	MILLER, JOHN		6.2 NAME		
STREET ADDRESS	463 BING CROSBY BLVD		6.3 STREET ADDRESS		
CITY-ST-ZIP	ADVANCE NC 27006		6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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 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 the 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.

George P. Wagner, Jr.