


FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90187 021 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P95000070799 1. Corporation Name NATIONAL ASSISTED LIVING MANAGEMENT CORP.			
Principal Place of Business PKWY FINANCIAL CTR 2150 GOODLETTE RD #800 NAPLES FL 34102		Mailing Address PKWY FINANCIAL CTR 2150 GOODLETTE RD #800 NAPLES FL 34102	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 21 2150 Goodlette Rd. Suite, Apt. #, etc. 22 Suite 600 City & State 23 Naples, FL Zip Country 24 34102 25 USA		2a. Mailing Address 26 2150 Goodlette Rd. Suite, Apt. #, etc. 27 Suite 600 City & State 28 Naples, FL Zip Country 29 34102 30 USA	
3. Date Incorporated or Qualified 09/12/1995		4. FEI Number 65-0610121	
5. Certificate of Status Desired <input checked="" type="checkbox"/> XX		Applied For <input type="checkbox"/> Not Applicable	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$8.75 Additional Fee Required \$5.00 May Be Added to Fees	
7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 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 P NAME WAGNER, GEORGE P JR. STREET ADDRESS 2150 GOODLETTE RD, SUITE 800 CITY-ST-ZIP NAPLES FL	<input type="checkbox"/> DELETE	1.1 TITLE CEO/D 1.2 NAME 1.3 STREET ADDRESS Suite 600 1.4 CITY-ST-ZIP 34102	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S NAME PARRISH, ALAN D STREET ADDRESS 2150 GOODLETTE RD, SUITE 800 CITY-ST-ZIP NAPLES FL	<input type="checkbox"/> DELETE	2.1 TITLE COO/P/D 2.2 NAME 2.3 STREET ADDRESS Suite 600 2.4 CITY-ST-ZIP 34102	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS THOMAS E. RAWLES, JR. 3.4 CITY-ST-ZIP 2150 GOODLETTE ROAD, STE 600 NAPLES, FL 34102	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
THOMAS E. RAWLES, JR.

3/11/99

941-262-8006

CR2E034 (11/98)