

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000070799 1. Entity Name NATIONAL ASSISTED LIVING MANAGEMENT CORP.	
---	---

Principal Place of Business 3073 HORSESHOE DRIVE SOUTH STE 100 NAPLES, FL 34104	Mailing Address 3073 HORSESHOE DRIVE SOUTH STE 100 NAPLES, FL 34104
--	--



01262004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0610121	Applied For ☐ Not Applicable
-----------------------------	--

5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required
---	-----------------------------------

DO NOT WRITE IN THIS SPACE

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

DO NOT WRITE IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	U00000115765 04/16/04-80037-017 158.75
---	--	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	COPD PARRISH, ALAN D 3073 HORSESHOE DR. STE. 100 NAPLES, FL 34104
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST RAWLES, THOMAS E JR. 3073 HORSESHOE DR. STE. 100 NAPLES, FL 34104
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

12. 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 or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALAN D. PARRISH President 239-262-8006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 4/14/04 Date Daytime Phone #