2005 FOR PROFIT CORPORATION

DO NOT WRITE IN THIS SPACE

ANNUAL REPORT

DOCUMENT # P95000070799

NATIONAL ASSISTED LIVING MANAGEMENT CORP.



Principal Place of Business

3073 HORSESHOE DRIVE SOUTH

STE 100

NAPLES, FL 34104

Mailing Address

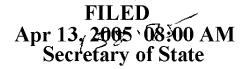
3073 HORSESHOE DRIVE SOUTH

STE 100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

D. Pamish

NAPLES, FL 34104





01272005

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

6. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET

SUITE 105

TALLAHASSEE, FL 32301

SIGNATURE:

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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	Signature, typed or printed name of registered agent and title i	Agent signature required when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.			cing \$5.00 May Be	
10.	10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COPD PARRISH, ALAN D 3073 HORSESHOE DR. STE. 100 NAPLES, FL 34104			000000302652 04/13/05-80080-014 158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST RAWLES, THOMAS E JR. 3073 HORSESHOE DR. STE. 100 NAPLES, FL 34104			2 1/ 1/1/ 00 00000 011 100110
TITLE NAME STREET ADORESS CITY-ST-ZIP			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-SI-ZIP			IN .	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				•
12. I hereby certify that the information supplied with this filling 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 pairs like empowered.				