

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90460 011 ***158.75

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**

50015666



01312006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	GOPD	DELETE
NAME	GARRISH, ALAN D	
STREET ADDRESS	3073 HORSESHOE DR. STE. 100	
CITY - ST - ZIP	NAPLES, FL 34104	
TITLE	ST D	ADDITION
NAME	RAWLES, THOMAS E JR.	
STREET ADDRESS	3073 HORSESHOE DR. STE. 100	
CITY - ST - ZIP	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**

**DO NOT WRITE
IN THIS SPACE**

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

T.E. Rawles., Jr.

Date

Daytime Phone #

239-262-8006