


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000080291

1. Entity Name
CAMBRIDGE ASSISTED LIVING, INC.



Principal Place of Business 2033 MAIN STREET SUITE 300 SARASOTA, FL 34237	Mailing Address 2033 MAIN STREET SUITE 300 SARASOTA, FL 34237
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02102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0632974	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**FUHRMEISTER, BRIAN
 2033 MAIN STREET
 SUITE 300
 SARASOTA, FL 34237**

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 reissuing) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP MCCARVER, JAMES O 2033 MAIN STREET, SUITE 300 SARASOTA, FL 34237
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD MCCARVER, PAT 2033 MAIN STREET, SUITE 300 SARASOTA, FL 34237
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO FUHRMEISTER, BRIAN 2033 MAIN ST STE 300 SARASOTA, FL 34237
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 03/10/06 00053-024 158.75

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: Brian Fuhrmeister 2/27/06 9419525411

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #