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	Mailing Address
2033 MAIN STREET SUITE 300 SARASOTA, FL 34237	2033 MAIN STREET SUITE 300 SARASOTA, FL 34237

DO NOT WRITE IN THIS SPACE

02102006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0632974 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 if applicable. (NOTE: Registered Agent's 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	CP
NAME	MCCARVER, JAMES O
STREET ADDRESS	2033 MAIN STREET, SUITE 300
CITY-ST-ZIP	SARASOTA, FL 34237
TITLE	SVD
NAME	MCCARVER, PAT
STREET ADDRESS	2033 MAIN STREET, SUITE 300
CITY-ST-ZIP	SARASOTA, FL 34237
TITLE	CFO
NAME	FUHRMEISTER, BRIAN
STREET ADDRESS	2033 MAIN ST STE 300
CITY-ST-ZIP	SARASOTA, FL 34237
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 #