


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2007 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 |
|---|---|



01222007 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 reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2007 Fee will be \$550.00**

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

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 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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 03/01/07-80040-022-158.75

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 2/16/07 941 952 9411

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