

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P95000084468

**FILED**  
**Mar 13, 2012**  
**Secretary of State**

**Entity Name:** ASSOCIATES IN ASSISTED LIVING, INC.

**Current Principal Place of Business:**

1550 NECTARINE ST  
FERNANDINA BEACH, FL 32034 US

**New Principal Place of Business:**

**Current Mailing Address:**

1550 NECTARINE ST  
FERNANDINA BEACH, FL 32034 US

**New Mailing Address:**

**FEI Number:** 59-3349077

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CARVER, JANET A  
940820 OLD NASSAUVILLE ROAD  
FERNANDINA BEACH, FL 32034 US

**Name and Address of New Registered Agent:**

CARVER, JANET A  
20 SOUTH 5TH ST.  
FERNANDINA BEACH, FL 32034 US

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.

SIGNATURE: JANET A. CARVER

03/13/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: CARVER, JANET A  
Address: 940820 OLD NASSAUVILLE ROAD  
City-St-Zip: FERNANDINA BEACH, FL 32034 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JANET A. CARVER

DP

03/13/2012

Electronic Signature of Signing Officer or Director

Date