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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED May 07, 1999 8:00 am Secretary of State

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DOCUMENT #	P96000042682
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Corporation Name

GREENWOOD ASSISTED LIVING FACILITY, INC.

Principal Place of Business									
CORAL SPRINGS FL 33076 2. Principal Place of Business 2. Mailing Address 2. Mailing Address 2. Mailing Address 3. Date Incorporated or Qualified 05/20/1998 2. Principal Place of Business 2. Mailing Address 3. Date Incorporated or Qualified 05/20/1998 2. Principal Place of Business 3. Date Incorporated or Qualified 05/20/1998 2. Principal Place of Business 3. Date Incorporated or Qualified 05/20/1998 3. Certificate of Status Desired Receptored Receptore	Principal Plac	ce of Business	Mailing Address				1 7 0 0 (1 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		10116 3101 1001
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Zip							5, Certificate of Status Desired	Fee Re	quired
Zip		te	⊢			[- 1	•	•
9. Name and Address of Current Registered Agent GREENSTEIN, MICHAEL 10050 NW 56TH COURT CORAL SPRINGS FL 33076 10. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) Street Address							Trust Fund Contribution		o Fees
GREENSTEIN, MICHAEL 10050 NW 56TH COURT CORAL SPRINGS FL 33076 11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above—named corporation submits this statement for the purpose of changing its registered agent, a both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE P GREENSTEIN, MICHAEL 12 NAME STREET ADDRESS CITY-ST-ZP 10050 NW 56TH CT. 12 STREET ADDRESS CITY-ST-ZP 1007-ST-ZP			⊢				•		ГЭ м -
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GREENSTEIN, MICHAEL 10050 NW 56TH COURT CORAL SPRINGS FL 33076 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent aignature required when reinstating) DATE		9. Name and Address of Curre	n Registered Agent	8	Nam		IV. Maine and Address of New Regis	relea vâeur	
10.050 NW 56TH COURT CORAL SPRINGS FL 33076 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, types or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PANAME GREENSTEIN, MICHAEL 1.2 NAME STREET ADDRESS CITY-ST-ZIP TITLE DOSO NW 56TH CT. CORAL SPRINGS FL 33076 14.CITY-ST-ZIP TITLE AMME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP 2.3 STREET ADDRESS CITY-ST-ZIP 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP 2.5 STREET ADDRESS CITY-ST-ZIP 2.5 STREET ADDRESS CITY-ST-ZIP 2.5 STREET ADDRESS CITY-ST-ZIP 2.5 STREET ADDRESS CITY-ST-ZIP 2.5 CORAL SPRINGS FL 33076	GRE	ENSTEIN, MICHAEL							
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### City ### City ####################################	COF	RAL SPRINGS FL 33076		83	 				
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					<u> </u>				
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agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typeg or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when relinstating) DATE	11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statut	es, the abov	e-name	d corporat	tion submits this statement for the purpo		registered
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 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

4/29/99 (554)752-15-74