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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

1999

DIVISION OF CORPORATIONS

DOCU 1. Corporation	MENT # P96000070	220					
Reti	rement Centers of	Florid					
					· ·		
Principal Plac	ce of Business	Mailing Addr	ress				
	! Holly Heights Dr						
Fort	: Lauderdale, Flor	ida 33	DO NOT WRITE IN THIS S	DO NOT WRITE IN THIS SPACE			
1					3. Date incorporated or Qualifed		
\$					08/22/96		}
	Place of Business	2a. Mailing A	Address		4. FEI Number	Api	plied For
21 1342	Holly Heights Dr	26 Suite, Ap	<u>Same</u>		65-0689226		t Applicable
Suite, Apt.	#, etc.	5. Certificate of Status Desired	\$8.75 A				
22 Cin. 8 Stat		City & St	Pata		6 Flatin Compiler Flatering		<u> </u>
23 Ft.	Lauderdale, Fl	28	wie.		6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added to	
Zip	Country	Zip		Country	8. This corporation owes the current year Intam		
24 3330	A 25 Proving	29	3	0	· · · · · · · · · · · · · · · · · · ·		□No
3330	9. Name and Address of Current	Registered Age	int		10. Name and Address of New Registered Ag	gent	
Rafa	el R. Perez			81 Name	fael R. Perez		
	Alhambra Circle			82 Street	Address (P.O. Box Number is Not Acceptable)		
i	I Gables, Florida	33146			01 Alhambra Circle		
0024	2 042103, 1101144	33140		83			
ļ				84 City	La U	85 Zip C	Code
44 Dumumu	to the emissions of Spetions 607 0502	and 607 1508 F	Tovida Statutes	the shows named	corporation submits this statement for the purpose of ch	anging its	146 registered
office or r	registered agent, or both, in the State of	Florida, Such cl	hange was auth	horized by the corp	oration's board of directors. I hereby accept the appointment	ment as reg	gistered
agent. i a	im tamiliar with and accept the obligation	ings of, Suction o	U. USUS, FIORID	a Jiaiules.	, ,		
	1 (_m_ O /< //	un -			5/25/9	9	
SIGNATURE	Signature, typed or plinted name of registered agent a	and title if applytable.	-		required when rainstating) DATE	9	
12.	OFFICERS AND	DIRECTORS	(NOTE: R	egistered Agent signature 13.	odured when reinstang) ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	
12.	OFFICERS AND	DIRECTORS	-	egistered Agent signature 13.	odured when reinstang) ADDITIONS/CHANGES TO OFFICERS AND	9	
12. IMLEOWNE:	OFFICERS AND el R. Perez	DIRECTORS E	(NOTE: R	13. 1.1 TITLE 1.2 NAME	odured when reinstang) ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	
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12. ITLEOWNE: NAME Rafa STREET ADDRESS CITY-ST-ZIP	OFFICERS AND el R. Perez	DIRECTORS C	(NOTE: RI	13. 1.1 TITLE 12 NAME 13 STREET ADDRESS 1,4 CITY-ST-ZIP	adured when reinstang) ADDITIONS/CHANGES TO OFFICERS AND	DIRECTOI Change	RS IN 12
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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 Statules; and that my name appears in Block 12 or Block 13 if chapted, or on an attachment with an address, with all other like empowered.

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G OFFICER OR DIRECTOR

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