ECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State
DIVISION OF CORPORATIONS

## OCUMENT # P9600089845

HEALTH FIRST ASSISTED LIVING. INC.

dicated on this annual report or surplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am I officer or director of the corporation of the feceiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears Block 12 or Block 13 if changed, or of an attachment with an address.

INATURE:

FILED Sep 13, 1999 8:00 am Secretary of State

09-13-1999 90004 009 \*\*\*550.00

US  DO NOT WRITE IN THIS SPACE  3. Date incorporated or Qualified 10/29/1996  Applied For In/29/1996  Applied For In/29/1996  Applied For In/29/1996  Applied For Involved Prace of Susiness  2e Use, Apt. #, etc.  Sulte, Apt. #, etc.  27  Sulte, Apt. #, etc.  28  29  30  Country  29  30  S. Certificate of Status Desired  \$5.00 May Be 20  29  30  S. This corporation owns the current year Internation owns the current year Internation Press to current year Internation Internati	ncipal Plac DEVEREU		Mailing Address 8249 DEVEREUX DR MELBOURNE FL 32940		<del></del>					
Principal Place of Business   2a, Melling Address   4, Feth Sumber   Applied For   Nor Applicable   59-3453779   Nor Applicabl	30011172	2 323.3					DO NOT WRITE IN TH	IS SPAC	E	
Suite, Apt. #, etc.	!							-	<u>.</u>	
Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.   Sic. Certificate of Status Deaired   \$8.75 Additional Fee Required   \$5.00 May 8 Added to Fees   \$5.00 May 8 Added to	Principal Place of Business 2a. Mailing Address							1	Applied F	or
For Required   State     State   State     State										
Part	<b>├──</b>						5. Certificate of Status Desired	1 1 1		
Country   Zip   Zi	·						6. Election Campaign Financing	\$5	.00 May B	3e
9. Name and Address of Current Registered Agent  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324  Furnant to the provisions of sections 697 0502 and 607 1503, floridal Statutes the above-named corporation submits this statement for the purpose of changing its registered agent. The provision of the provision of sections 697 0502 and 607 1503, floridal Statutes the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, section 607 0505, Floridal Statutes. The above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, section 607 0505, Floridal Statutes.  NATURE  Signature, toped or presed name of implement of the floridation of, section 607 0505, Floridal Statutes.  OFFICERS AND DIRECTORS  13 TIME  GARRISON, LARRY  12 NAME  GARRISON, LARRY  12 NAME  JONNSON, GEORGE  12 NAME  JONNSON, GEORGE  12 STREET ADDRESS  14 CITY-ST-2IP  VS  JONNSON, GEORGE  12 STREET ADDRESS  14 CITY-ST-2IP  WEMPHIS TN 38117  D GELETE  21 TITLE  Change Addition  MOONEY, JERRY  14 JONNSON, GEORGE  12 NAME  13 STREET ADDRESS  3839 FOREST HILL-RENE RD  MEMPHIS TN 38157  D GELETE  41 TITLE  Change Addition  Change Addition  Change Addition  ADDRESS  3839 FOREST HILL-RENE RD  MEMPHIS TN 38157  D GELETE  31 TITLE  Change Addition  Change Addition  ADDRESS  3839 FOREST HILL-RENE RD  MEMPHIS TN 38157  D GELETE  31 TITLE  Change Addition  Change Ad				<del></del>			Trust Fund Contribution	Ac	ded to Fees	<u> </u>
9. Name and Address of Current Registered Agent  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324  82 Street Address (P.O. Box Number is Not Acceptable)  Pursuant to the provisions of accions 807 0502 and 607 1506. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, I am familiar with, and accept the obligations of, section 607 0505, Florida Statutes, the obove-named corporation submits this statement for the purpose of changing its registered agent, I am familiar with, and accept the obligations of, section 607 0505, Florida Statutes.  NATURE  Signature, typed or printed rame of registered agent and statement or registered agent and familiar with, and accept the obligations of, section 607 0505, Florida Statutes.  NATURE  Signature, typed or printed rame of registered agent and statement or registered agent and statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, section 607 0505, Florida Statutes.  NATURE  Signature, typed or printed rame of registered agent and statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, section 607 0505, Florida Statutes.  NATURE  Signature, typed or printed rame of registered agent and statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of section 607 0505, Florida Statutes.  NATURE  Signature, typed or printed rame of registered agent and statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of 0505, Florida Statutes.  NATURE  Signature, typed or printed agent and statement for the purpose of changing its registered agent. I am familiar with, and accept and statement for the purpose of changing its registered agent. I am familiar with, and accept and statement for the purpose of changing its registered agent. I am familiar with, and accept and statement for the purpose of			<u>⊢</u> •							
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324    82   Street Address (P.O. Box Number is Not Acceptable)   93     94   City   FL   85   Zip Code   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 607.6505, Florida Statutes.  NATURE   Signature, tyred or printed name of registered agent and title of appointment agent a	<del></del>		<del></del>	[30]				<u> </u>	No	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324  84 City FL 85 Zip Code  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, and mainlier with, and accept the obligations of, section 607.0505, Florida Statutes.  NATURE  Signitude, hyped or printed name of required agent and life it applicable.  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  OFFICERS AND DIRECTORS IN 12  OFFICERS AND DIRECTORS IN 13 STREET ADDRESS  In CITY-STJEP  OFFICERS AND DIRECTORS IN 12  OFFI		3. Name and Address of Carrent	Kadistelan Adelit		81	Name	10. Name and Address of New Registere	и дрепт	<del></del>	
PLANTATION FL 33324  PLANTATION FL 33324  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, and mainlier with, and accept the obligations of, section 607.6505, Florida Statutes.  NATURE  Signature, typed or printed name of registered agent at the flagotacible.  OFFICERS AND DIRECTORS  TADORESS  AGARRISON, LARRY  TADORESS  AGARRISON, LARRY  TADORESS  AGARRISON, LARRY  TADORESS										
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 harreby accept the applications of section 607.0505, Florida Statutes.  NATURE    Signature, typed or proted name of registered agent and (life algepticable, (MOTE: Registered Agent algebrature required when reinstating)   DATE				82 Street Addr			ess (P.O. Box Number is Not Acceptable)			
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, and accept the obligations of, section 607.0505, Florida Statutes.  NATURE  Signature, hybrid or printed ream of registered agent and title if applicable.  (NOTE: Registered Agent algorithms required when elimitating)  OATE  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition  1.4 Change Addition  1.5 STREET ADDRESS  MELBOURNE FL 32940-7955  1.6 CITYST-2IP  DO HOONEY, LERRY  329 MEMPHIS TN 38117  DO HOONEY, LERRY  320 MEMPHIS TN 38157  DO HOONEY, LERRY  321 TITLE  322 MAME 323 FOREST HILL-IRENE RD 323 MEMPHIS TN 38157  DO HOONEY, LERRY  ADDRESS  424 CITYST-2IP  ADDRESS  425 TITLE  427 NAME 427 NAME 428 NAME 428 NAME 528 NAME 529 MEMPHIS TN 38125  DO HOONEY, LERRY  BUSSEN, BRIAN  324 CITYST-2IP  DELETE 51 TITLE 51 TITLE 52 Change Addition  Change Addit	PLA	NTATION FL 33324		İ	83					
Fursuant to the provisions of sections 607.6502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.  NATURE    Signature, hyboid or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reintating)		,		-	84	City		85	Zip Code	
P	office or agent. I	registered agent, or both, in the State of am familiar with, and accept the obligation	of Florida. Such change was a tions of, section 607.0505, Fl	authorized orida Statu	by t ites.	he corporation	on's board of directors. I hereby accept the app	ointment :	as reğistere	d -
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nereby 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				6.4 CITY	-ST-ZI	P				