2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004
Secretary of State

DOCUMENT# P96000089845

Entity Name: HEALTH FIRST ASSISTED LIVING, INC.

Current Principal Place of Business:

8249 DEVEREUX DR
MELBOURNE, FL 32940 US

New Principal Place of Business:

540 E. HIBISCUS BOULEVARD
MELBOURNE, FL 32901 US

Current Mailing Address:

1301 N. CONGRESS AVENUE
SUITE 130
BOYNTON BEACH, FL 33426 US

New Mailing Address:

FEI Number: 59-3453779 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SENIOR LIVING PROPERTIES-FAITH, LLC
1301 N. CONGRESS AVENUE
SUITE 130
BOYNTON BEACH, FL 33426 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: GARRISON, LARRY
Address: 8249 DEVEREUX DR
City-St-Zip: MELBOURNE, FL 329407955

Title: VS ( ) Delete
Name: RUBIN, URI
Address: 1301 N. CONGRESS AVE #130
City-St-Zip: BOYNTON BEACH, FL 33426

Title: D ( ) Delete
Name: WAGNER, DENNIS
Address: 1301 N. CONGRESS AVE #130
City-St-Zip: BOYNTON BEACH, FL 33426

Title: D ( ) Delete
Name: BUSSEN, BRIAN
Address: 8249 DEVEREUX DR
City-St-Zip: MELBOURNE, TN 32940

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DENNIS WAGNER D 04/30/2004

Electronic Signature of Signing Officer or Director Date