## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P96000089845

8249 DEVEREUX DR

MELBOURNE, TN 32940

Address:

City-St-Zip:

Entity Name: HEALTH FIRST ASSISTED LIVING, INC.

FILED Apr 05, 2006 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
4661 JOHI SUITE 7	•		US		npai i lace c	. 243633.	
Current Mailing Address:				New Maili	New Mailing Address:		
4661 JOHI SUITE 7	NSON RD						
	T CREEK, FL 3	3073	US				
FEI Number	: 59-3453779	FEI Nu	mber Applied For ( )	FEI Number Not Appl	licable ( )	Certificate of Status Desired ( )	
Name and	l Address of Cu	ırrent l	Registered Agent:	Name and	Address of	New Registered Agent:	
4661 JOHI SUITE 7	IVING PROPER NSON ROAD UT CREEK, FL		,				
The above in the State	e named entity su e of Florida.	ubmits <sup>.</sup>	this statement for the	purpose of changing i	ts registered	office or registered agent, or both,	
SIGNATUI	RE:						
	Electronic	: Signa	ture of Registered Ag	ent		Date	
Election Ca	mpaign Financing	Trust Fu	ınd Contribution ( ).				
OFFICERS AND DIRECTORS:				ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P () [ GARRISON, LAR 8249 DEVEREU) MELBOURNE, FI	K DR	7955	Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VS () [ RUBIN, URI 4661 JOHNSON COCONUT CREE			Title: Name: Address: City-St-Zip:	WANG, CHUA 4661 JOHNS	X) Change()Addition N S DN ROAD - SUITE 7 REEK, FL 33073	
Title: Name: Address: City-St-Zip:	D ()[ WAGNER, DENN 4661 JOHNSON COCONUT CREE	ROAD -		Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition	
Title: Name:	D ()[ BUSSEN, BRIAN	Delete		Title: Name:	(	) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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.

Address:

City-St-Zip:

SIGNATURE: CHUAN S. WANG VP 04/05/2006