

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000089845

FILED
Apr 28, 2008
Secretary of State

Entity Name: HEALTH FIRST ASSISTED LIVING, INC.

Current Principal Place of Business:

4661 JOHNSON RD
SUITE 7
COCONUT CREEK, FL 33073 US

New Principal Place of Business:

Current Mailing Address:

4661 JOHNSON RD
SUITE 7
COCONUT CREEK, FL 33073 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
4661 JOHNSON ROAD
SUITE 7
COCOCNUT CREEK, FL 33073 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: WANG, CHUAN S
Address: 4661 JOHNSON ROAD - SUITE 7
City-St-Zip: COCONUT CREEK, FL 33073

Title: D () Delete
Name: WAGNER, DENNIS
Address: 4661 JOHNSON ROAD - SUITE 7
City-St-Zip: COCONUT CREEK, FL 33073

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 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.

SIGNATURE: DENNIS WAGNER

D

04/28/2008

Electronic Signature of Signing Officer or Director

Date