

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000089845

FILED
Apr 30, 2009
Secretary of State

Entity Name: HEALTH FIRST ASSISTED LIVING, INC.

Current Principal Place of Business:

6450 US HIGHWAY 1
ROCKLEDGE, FL 32955 US

New Principal Place of Business:

Current Mailing Address:

ROBERTA STONER
CONTROLLER 3300 S. FISKE BLVD
ROCKLEDGE, FL 32955 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:

MATHIAS, DAVID E ESQ.
6450 US HIGHWAY 1
ROCKLEDGE, FL 32955 US

Name and Address of New Registered Agent:

MATHIAS, DAVID E
6450 US HIGHWAY 1
ROCKLEDGE, FL 32955 US

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: DAVID E. MATHIAS

04/30/2009

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GARRISON, LARRY
Address: 6450 US HIGHWAY 1
City-St-Zip: ROCKLEDGE, FL 32955

Title: T (X) Change () Addition
Name: GALLOWAY, ROBERT
Address: 6450 US HIGHWAY 1
City-St-Zip: ROCKLEDGE, FL 32955

Title: S (X) Change () Addition
Name: MATHIAS, DAVID E
Address: 6450 US HIGHWAY 1
City-St-Zip: ROCKLEDGE, FL 32955

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: DAVID E. MATHIAS

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04/30/2009

Electronic Signature of Signing Officer or Director

Date