

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Mar 31 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000025194 (6)**

1. Corporation Name

**SPRINGHILL ASSISTED LIVING FACILITY, INC.**



Principal Place of Business <b>C/O PATEL MOORE ER AL 18167 US HWY 19 NORTH STE 150 CLEARWATER FL 34624</b>	Mailing Address <b>C/O PATEL MOORE ER AL 18167 US HWY 19 NORTH STE 150 CLEARWATER FL 34624</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>03/20/1997</b>	
4. FEI Number <b>59-3438129</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Name and Address of New Registered Agent	
81 Name <b>Steven W. Moore</b>	
82 Street Address (P.O. Box Number is Not Acceptable) <b>2240 Belleair Road, Suite 160</b>	
83	
84 City <b>Clearwater</b>	
85 Zip Code <b>FL 33764</b>	

21. Principal Place of Business <b>6909 ARABIAN ROAD</b>	26. Mailing Address <b>6909 ARABIAN RD.</b>
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
23. City & State <b>ODESSA FLORIDA</b>	28. City & State <b>ODESSA FLORIDA</b>
24. Zip <b>33556-1825</b>	29. Zip <b>33556-1825</b>
25. Country <b>FLORIDA</b>	30. Country <b>FLORIDA</b>

9. Name and Address of Current Registered Agent <b>MOORE, STEVEN W C/O PATEL MOORE ER AL 18167 US HWY 19 NORTH STE 150 CLEARWATER FL 34624</b>	
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11. 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>PATEL, MAHESH R</b>		12 NAME	
STREET ADDRESS <b>2907 SAFE HARBOR DR</b>		13 STREET ADDRESS	
CITY-ST-ZIP <b>TAMPA FL 33618</b>		14 CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>PATEL, HITESH R</b>		22 NAME	
STREET ADDRESS <b>6909 ARABIAN RD</b>		23 STREET ADDRESS	
CITY-ST-ZIP <b>ODESSA FL 33556</b>		24 CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>PATEL, RAMESH R M</b>		32 NAME	
STREET ADDRESS <b>6909 ARABIAN RD</b>		33 STREET ADDRESS	
CITY-ST-ZIP <b>ODESSA FL 33556</b>		34 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I hereby 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 indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Hitesh Patel* **HITESH PATEL** **March 18/98** **(813) 926-1143**

CR2E034 (10/97)