



FILED
Apr 11, 2005 8:00 am
Secretary of State

50035521

DOCUMENT # P97000028474				Secretary of State 04-11-2005 90171 030 ***158.75	
1. Entity Name ACADEMY ADULT ASSISTED LIVING FACILITY, INC.					
Principal Place of Business 74 ACADEMY LANE PORT SAINT LUCIE, FL 34984		Mailing Address 742 ACADEMY LANE PORT SAINT LUCIE, FL 34984			
2. Principal Place of Business <i>742 Academy Lane</i> Suite, Apt. #, etc.		3. Mailing Address <i>742 Academy Lane</i> Suite, Apt. #, etc.		50035521 	
City & State <i>Port St. Lucie FL</i> Zip <i>34984</i> Country <i>St. Lucie</i>		City & State <i>Port St. Lucie FL</i> Zip <i>34984</i> Country <i>St. Lucie</i>		04062005 Chg-P CR2E034 (10/03)	
4. FEI Number 65-0766959		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent CELESTIN, MARIE O 1958 SW DORADO LANE PORT ST LUCIE, FL 34953		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
CELESTIN, MARIE O 1958 SW DORADO LANE PORT ST LUCIE, FL 34953			CELESTIN, MARIE O 1958 SW DORADO LANE PORT ST LUCIE, FL 34953		
742 Academy Lane PORT ST. LUCIE FL 34984			742 Academy Lane PORT ST. LUCIE FL 34984		
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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Marie O. Celestin</i> 4/6/05 (772) 879-0376 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					