

FILED
Apr 29, 2004 08:00 AM
Secretary of State

1. Entity Name
FLORIDA ASSISTED LIVING, INC.



Mailing Address
2247 PALM BEACH LAKES BLVD., SUITE 204
WEST PALM BEACH, FL 33409

DO NOT WRITE IN THIS SPACE



04062004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0769911

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MACKEY, WALTER J JR.
2247 PALM BCH LAKES BLVD. STE 204
WEST PALM BEACH, FL 33409

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MACKEY, WALTER J. J
STREET ADDRESS	772 LAGOON DR
CITY-ST-ZIP	N PALM BEACH, FL 33408

TITLE	CD
NAME	KRUMM, WALTER T
STREET ADDRESS	4951 GULFSHORE BLVD, PH301
CITY - ST - ZIP	NAPLES, FL 33940

TITLE	ST
NAME	WILLIAMS, EDWARD S.
STREET ADDRESS	6080 TERRA ROSA CIR
CITY - ST - ZIP	BOYNTON BEACH, FL 33437

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

7-0004 69814-017 191.00

**DO NOT WRITE
IN THIS SPACE**

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: Walter J. Mackey, Jr., President 4/16/04 (561)684-8811

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone #