

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000040991

FILED
Apr 10, 2007
Secretary of State

Entity Name: FLORIDA ASSISTED LIVING MANAGEMENT, INC.

Current Principal Place of Business:

2560 SW 102 DRIVE
DAVIE, FL 33324

New Principal Place of Business:

Current Mailing Address:

2560 SW 102 DRIVE
DAVIE, FL 33324

New Mailing Address:

FEI Number: 65-0833115

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIGNORE-SAVAGE, DEBRA
2560 SW 102 DRIVE
DAVIE, FL 33324 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: PST () Delete
Name: SIGNORE-SAVAGE, DEBRA
Address: 2560 SW 102 DRIVE
City-St-Zip: DAVIE, FL 33324

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: DEBRA SIGNORE SAVAGE

PST

04/10/2007

Electronic Signature of Signing Officer or Director

Date