

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000041409

Entity Name: AMERICAN SENIOR LIVING, INC.

FILED  
Apr 21, 2009  
Secretary of State

## Current Principal Place of Business:

3073 HORSESHOE DR  
SUITE 100  
NAPLES, FL 34104 US

## New Principal Place of Business:

## Current Mailing Address:

3073 HORSESHOE DR  
SUITE 100  
NAPLES, FL 34104 US

## New Mailing Address:

FEI Number: 59-3522731

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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: CEO ( ) Delete  
Name: WAGNER, GEORGE P JR  
Address: 3073 HORSESHOE DR STE 100  
City-St-Zip: NAPLES, FL 34104

Title: D ( ) Delete  
Name: WAGNER, GEORGE P III  
Address: 3073 HORSESHOE DR STE 100  
City-St-Zip: NAPLES, FL 34104

Title: D ( ) Delete  
Name: SIEGEL, LAWRENCE R  
Address: 1292 SOUTHFIELD PLACE  
City-St-Zip: VIRGINIA BEACH, VA 23452

Title: VST ( ) Delete  
Name: RAWLES, THOMAS  
Address: 3073 HORSESHOE DR STE 100  
City-St-Zip: NAPLES, FL 34104

Title: D ( ) Delete  
Name: MILLER, JOHN  
Address: 138 BAY HILL DR  
City-St-Zip: ADVANCE, NC 27006

Title: D (X) Delete  
Name: KORNEGAY, KEVIN M  
Address: P.O. BOX 1002  
City-St-Zip: MOUNT OLIVE, NC 28365

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: D (X) Change ( ) Addition  
Name: KORNEGAY, KEVIN M  
Address: P.O. BOX 1002  
City-St-Zip: MOUNT OLIVE, NC 28365

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: GEORGE P. WAGNER, III

DIR

04/21/2009

Electronic Signature of Signing Officer or Director

Date