2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State
04-14-2003 90724 047 ***158.75

DOCUMENT # P98000041409

1. Entity Name
AMERICAN SENIOR LIVING, INC.

Principal Place of Business	Mailing Address
2150 GOODLETTE RD SUITE 600 NAPLES FL 34102 US	2150 GOODLETTE RD SUITE 600 NAPLES FL 34102 US

CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
3073 Horseshoe DR.	3073 Horseshoe DR.
Suite, Apt. #, etc.: 100	Suite, Apt. #, etc.: Ste. 100
City & State: NAPLES, FL	City & State: NAPLES, FL
Zip: 34104 Country: USA	Zip: 34104 Country: USA

4. FEI Number 59-3522731 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525	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 _____
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, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	CEOD WAGNER, GEORGE P JR 2150 GOODLETTE RD, SUITE 600 NAPLES FL 34102	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEOD WAGNER, GEORGE P. JR. 3073 Horseshoe DR., Ste 100 NAPLES, FL 34102	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD PARRISH, ALAN D 2150 GOODLETTE RD, SUITE 600 NAPLES FL 34102	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD PARRISH, ALAN D. 3073 Horseshoe DR., Ste. 100 NAPLES, FL 34104	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V OSWALD, SHARON H 2150 GOODLETTE RD, SUITE 600 NAPLES FL 34102	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V OSWALD, SHARON H. 3073 Horseshoe DR., Ste. 100 NAPLES, FL 34104	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST RAWLES, THOMAS 2150 GOODLETTE RD, SUITE 600 NAPLES FL 34102	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST RAWLES, THOMAS E. JR. 3073 Horseshoe DR., Ste. 100 NAPLES, FL 34104	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MILLER, JOHN 138 BAY HILL DR ADVANCE NC	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MILLER, JOHN 138 Bay Hill DR. ADVANCE, NC 27006	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KORNEGAY, GEORGE 710 HENDERSON ST MT. OLIVE NC	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KORNEGAY, GEORGE 710 Henderson St. MT. OLIVE, NC 28365	☒ Change ☐ Addition

CR2E034 (10/02)

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: SIGNATURE REQUIRED President 4/10/03 239-262-8006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
ALAN D. PARRISH