

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000043265

FILED  
Mar 13, 2008  
Secretary of State

**Entity Name:** SUNNY HILLS ASSISTED LIVING FACILITY, INC.

**Current Principal Place of Business:**

3600 COMMERCE CNTR DR  
SEBRING, FL 33870

**New Principal Place of Business:**

**Current Mailing Address:**

1004 WASHINGTON STREET  
HOLLYWOOD, FL 33019

**New Mailing Address:**

**FEI Number:** 65-0834767

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MILLS, FREDERICK J ESQUIRE  
MORRISON, MORRISON & MILLS, P.A.  
1200 W. PLATT STREET, SUITE 100  
TAMPA, FL 33606 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: DP ( ) Delete  
Name: LOWRY, ROBERT P  
Address: 1004 WASHINGTON STREET  
City-St-Zip: HOLLYWOOD, FL 33019

Title: DVP ( ) Delete  
Name: LOWRY, ROBERT L  
Address: 11 THUNDERBAY DR  
City-St-Zip: GRAY, TN 37615

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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:** ROBERT P. LOWRY

DP

03/13/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date