

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000043265

FILED  
Apr 11, 2012  
Secretary of State

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

**Current Principal Place of Business:**

3600 COMMERCE CNTR DR  
SEBRING, FL 33870 US

**New Principal Place of Business:**

**Current Mailing Address:**

940 N. NORTHLAKE DR.  
HOLLYWOOD, FL 33019 US

**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

**OFFICERS AND DIRECTORS:**

**Title:** DPST  
**Name:** LOWRY, ROBERT P  
**Address:** 940 N. NORTHLAKE DR  
**City-St-Zip:** HOLLYWOOD, FL 33019

**Title:** DVP  
**Name:** LOWRY, ROBERT L  
**Address:** 500 LENTZ LANDING LN  
**City-St-Zip:** NEBO, NC 28761

I hereby 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 all other like empowered.

**SIGNATURE:** ROBERT LOWRY

P

04/11/2012

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

\_\_\_\_\_  
Date