


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90022 014 ***158.75

DOCUMENT # P98000061533	
1. Entity Name MARIE ASSISTED LIVING, INC.	

Principal Place of Business 1958 S.W. DORADO LANE PORT ST. LUCIE FL 34953	Mailing Address 1958 S.W. DORADO LANE PORT ST. LUCIE FL 34953
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34026787

2. Principal Place of Business 1958 S.W. Dorado Lane Suite, Apt. #, etc.	3. Mailing Address 1958 S.W. Dorado Lane Suite, Apt. #, etc.
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MOORE CR2E034 (11/03)

City & State Port St Lucie FL	City & State PSC FL
Zip 34953	Country St Lucie

4. FEI Number 65-0920452	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CELESTIN, MARIE O 1958 S.W. DORADO LANE PORT ST. LUCIE FL 34953

7. Name and Address of New Registered Agent 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 <u>Marie Celestin</u> 3/28/04 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, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CELESTIN, MARIE O 1958 S.W. DORADO LANE PORT ST. LUCIE FL 34953 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: MARIE Celestin 3/28/04 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
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