

P98000092612

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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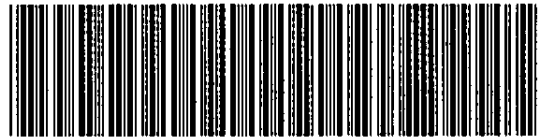
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Assisted Living Pharmacies of Florida, Inc.
Name of Corporation

DOCUMENT NUMBER: P98000092612

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Nick Generalovich
Name of Contact Person

Assisted Living Pharmacies of Florida, Inc.
Firm/Company

1200 Port Lane
Address

Sarasota, FL 34242
City/State and Zip Code

NICKGENERAL@HOTMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nick Generalovich at (941) 346-9090
Name of Contact Person Area Code & Daytime Telephone Number ~~739-9974~~

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Assisted Living Pharmacies of Florida, Inc.
2. The principal office address: 1200 Port Lane, Sarasota, FL 34242
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 10/29/98 Document number: P98000092612

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

James E. Thomison, Esq.,

1800 Second Street, Suite 808

Sarasota, FL 34236

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

JAMES E. THOMISON

1819 Main Street, Suite 1110

P.O. Box NOT acceptable

Sarasota, FL 34236

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Nick Generalovich
Signature of an officer or director

NICK GENERALOVICH C.E.O.
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

JER
Signature of Registered Agent

11/16/09
Date

If signing on behalf of an entity:

Typed or Printed Name

***** FILING FEE: \$35.00 *****

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)