

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 08, 2008 08:00 AM
Secretary of State

DOCUMENT # P99000012852

1. Entity Name

PEACE OF MIND SENIOR LIVING MANAGEMENT, INC.



Principal Place of Business

726 NW 28 CT
WILTON MANORS FL 33311

Mailing Address

300 E OAKLAND BLVD
SUITE #301
WILTON MANORS FL 33334



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

300 E OAKLAND PK BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

301

City & State

City & State

WILTON MANORS

Zip

Country

Zip

Country

33334

Broward

1st MOORE

CR2E034 (10/07)

4. FEI Number

65-0898974

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

FEINSTENI, BARRY
726 NW 28 COURT
FT. LAUDERDALE FL 33311

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, 2008 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 PD
NAME FEINSTEIN, BARRY
STREET ADDRESS 726 NW 28 COURT
CITY-ST-ZIP FT. LAUDERDALE FL 33311

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

U00000820781
02/18/08-80042-018 150.00

TITLE VPD
NAME GILMORE, DAVID
STREET ADDRESS 726 NW 28 COURT
CITY-ST-ZIP FT. LAUDERDALE FL 33311

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Barry Feinstein

Barry Feinstein Pres

2/6/08

954-806-7788

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone