


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 10, 2006 8:00 am**  
**Secretary of State**

03-10-2006 90017 040 \*\*\*158.75

<b>DOCUMENT # P99000110108</b>		
1. Entity Name <b>ASSISTED LIVING MANAGEMENT SERVICES, INC.</b>		

Principal Place of Business <b>351 NW LEJEUNE RD 404 MIAMI FL 33126</b>	Mailing Address <b>351 NW LEJEUNE RD 404 MIAMI FL 33126</b>
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2. Principal Place of Business <b>701 SW 27 Ave</b> Suite, Apt. #, etc. <b>Suite 1402</b> City & State <b>Miami FL</b> Zip <b>33135</b> Country <b>Dade</b>	3. Mailing Address <b>701 SW 27 Ave</b> Suite, Apt. #, etc. <b>Suite 1402</b> City & State <b>Miami FL</b> Zip <b>33135</b> Country <b>Dade</b>
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1st MOORE CR2E034 (10/05)

4. FEI Number <b>65-0977123</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>CASUSO, ENRIQUE DR. 351 N.W. 42ND AVENUE #404 MIAMI FL 33126 7815 SW 83rd Miami FL 33143</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>CASUSO, ENRIQUE DR. 7815 SW 83 CT MIAMI FL 33143</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 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** *Enrique Casuso MD* **Enrique Casuso MD** 2/28/06 305-642-3396  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #