FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 11 PM 3:30

DOCUMENT # **V41937** **(6)**

1. Corporation Name

NEW HORIZONS ADULT LIVING, INC.

Principal Place of Business	Mailing Address
1391 CAPRICORN BLVD. PUNTA GORDA FL 33983 US	1391 CAPRICORN BLVD PUNTA GORDA FL 33983 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/05/1992
3a. Date of Last Report: 04/25/1994

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: 65-0356020 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BRAY, CHARLES
1121 LAPALMA CT
PUNTA GORDA FL 33950

10. Name and Address of New Registered Agent

81 Name: SEBASTIAN, VIOLETA, D.
82 Street Address (P.O. Box Number is Not Acceptable): 1391 CAPRICORN BLVD.
83: —
84 City: PUNTA GORDA FL 85 Zip Code: 33983

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: vdsebastian RN, VIOLETA D. SEBASTIAN RN, ADMINISTRATOR, OWNER 4/7/95
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	ADMINISTRATOR/OWNER ☐ Change ☐ Addition
NAME	BRAY, CHARLES E.	1.2 NAME	SEBASTIAN, CESAR, G.
STREET ADDRESS	1121 LA PALMA COURT	1.3 STREET ADDRESS	1391 CAPRICORN BLVD.
CITY-ST-ZIP	PUNTA GORDA FL	1.4 CITY-ST-ZIP	PUNTA GORDA, FL 33983
TITLE	VP	2.1 TITLE	☐ Change ☐ Addition
NAME	BRAY, MIRIAM C.	2.2 NAME	
STREET ADDRESS	1121 LA PALMA COURT	2.3 STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: vdsebastian RN / Cesar D. Sebastian 4/7/95 (813) 743-5586
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Title) (Daytime Phone #)

0934900 CP