

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00.

FILED
Apr 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # V50147 (0)			
1. Corporation Name ASSISTED LIVING NURSES, INC.			
Principal Place of Business 555 S.W. 12th Avenue Suite 101 Pompano Beach, FL 33069		Mailing Address 555 S.W. 12th Avenue Suite 101 Pompano Beach, FL 33069	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 21 404 E. Atlantic Blvd. Suite, Apt. #, etc. 22 Suite 101 City & State 23 Pompano Beach, FL Zip 24 33060		2a. Mailing Address 26 404 E. Atlantic Blvd. Suite, Apt. #, etc. 27 Suite 101 City & State 28 Pompano Beach, FL Zip 29 33060	
3. Date Incorporated or Qualified 07/10/92		4. FEI Number 65-0351154	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent ROSENTHAL, STUART S. 555 S.W. 12th Avenue Suite 101 Pompano Beach, FL 33069		10. Name and Address of New Registered Agent 81 Name STUART S. ROSENTHAL, ESQ. 82 Street Address (P.O. Box Number is Not Acceptable) 404 East Atlantic Boulevard 83 Suite 101 84 City Pompano Beach FL 85 Zip Code 33060	
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: <u>STUART S. ROSENTHAL, ESQ.</u> DATE: <u>3/11/98</u>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP D. FRIEDLANDER, HOLLIS 640 SEA TURTLE WAY PLANTATION, FL		1 1 TITLE 1 2 NAME 1 3 STREET ADDRESS 1 4 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		2 1 TITLE 2 2 NAME 2 3 STREET ADDRESS 2 4 CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		6 1 TITLE 6 2 NAME 6 3 STREET ADDRESS 6 4 CITY - ST - ZIP	
14. 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 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.		900002474379 -04/01/98--01008--033 ***150.00	
SIGNATURE: <u>Stuart S. Rosenthal</u>		3-24-98.	

CR2E034 (10/97)