

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 709490

**Entity Name:** FLORIDA LIVING RETIREMENT CENTER, INC.

**Current Principal Place of Business:**

600 EDGEHILL PLACE  
APOPKA, FL 32703

**Current Mailing Address:**

600 EDGEHILL PLACE  
APOPKA, FL 32703 US

**FEI Number:** 59-1109797

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

MCMILLAN, FRANK  
351 SOUTH STATE ROAD 434  
ALTAMONTE SPRINGS, FL 32714 US

*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.*

**SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name CAULEY, MICHAEL F  
Address 1225 GOLF POINT LOOP  
City-State-Zip: APOPKA FL 32712

Title TSVD  
Name ROLLINS, DUANE C  
Address 701 WHITE IVEY COURT  
City-State-Zip: APOPKA FL 32712

Title D  
Name LEGRAND, JOSE A  
Address 557 APOLLO AVENUE  
City-State-Zip: DELTONA FL 32725

Title D  
Name MC MILLAN, FRANK  
Address 655 NORTH WYMORE ROAD, #101  
City-State-Zip: WINTER PARK FL 32789

Title D  
Name PLEASANTS, NANCY  
Address 600 EDGEHILL PLACE  
City-State-Zip: APOPKA FL 32703

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** DUANE ROLLINS

**VICE  
PRESIDENT/DIRECTOR**

**04/24/2014**

Electronic Signature of Signing Officer/Director Detail

Date