

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002878

Entity Name: INSTITUTE FOR SENIOR LIVING OF FLORIDA, INC.

Current Principal Place of Business:

TWO BALA PLAZA SUITE 300
BALA CYNWYD , PA 19004

Current Mailing Address:

TWO BALA PLAZA SUITE 300
BALA CYNWYD , PA 19004 US

FEI Number: 20-0904526

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SPECTOR GADON AND ROSEN
360 CENTRAL AVENUE
SUITE 1550
ST. PETERSBURG, FL 33701 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 PRESIDENT
Name JAFFE, HOWARD
Address TWO BALA PLAZA, SUITE 300
City-State-Zip: BALA CYNWYD PA 19004

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: HOWARD JAFFE

MGR

04/28/2015

Electronic Signature of Signing Officer/Director Detail

Date