

**2016 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:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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:** JAFFE , HOWARD

**PRESIDENT**

**04/30/2016**

Electronic Signature of Signing Officer/Director Detail

Date