

**2014 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

Title	BOARD MEMBER
Name	RICHMOND, PENNY
Address	TWO BALA PLAZA SUITE 300
City-State-Zip:	BALA CYNWYD PA 19004

Title	BOARD MEMBER
Name	DUDLEY, NATE
Address	TWO BALA PLAZA SUITE 300
City-State-Zip:	BALA CYNWYD FL 19004

Title	BOARD MEMBER
Name	WYATT, BRIAN
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

PRESIDENT

04/23/2014

Electronic Signature of Signing Officer/Director Detail

Date