

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002878

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

Current Principal Place of Business:

1665 PALM BEACH LAKES BLVD.
SUITE 600
WEST PALM BEACH, FL 33401

Current Mailing Address:

1665 PALM BEACH LAKES BLVD.
SUITE 600
WEST PALM BEACH, FL 33401 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 1665 PALM BEACH LAKES BLVD.
 SUITE 600
City-State-Zip: WEST PALM BEACH FL 33401

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

04/09/2018

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date