

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000125004

Entity Name: MM ASSISTED LIVING FACILITY INC.

Current Principal Place of Business:

113 NE 7TH ST
POMPANO BEACH, FL 33060

Current Mailing Address:

113 NE 7TH ST
POMPANO BEACH, FL 33060

FEI Number: 20-3452997

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KERLEW, MICHAEL
2213 E ATLANTIC BLVD
POMPANO BEACH, FL 33062 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 BICKERS, MALGORZATA
Address 113 NE 7TH ST
City-State-Zip: POMPANO BEACH FL 33060

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MALGORZATA BICKERS

PRESIDENT

04/28/2013

Electronic Signature of Signing Officer/Director Detail

Date