

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000144024

Entity Name: JENNY'S ASSISTED LIVING FACILITY, INC.**Current Principal Place of Business:**16116 TAMPA STREET
LUTZ, FL 33548**Current Mailing Address:**16547 FOREST LAKE DR
TAMPA, FL 33624 US**FEI Number:** 20-5992646**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MORALES, OSVALDO
16547 FOREST LAKE DR.
TAMPA, FL 33624 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	P
Name	MORALES, OSVALDO
Address	16116 TAMPA STREET
City-State-Zip:	LUTZ FL 33548

Title	VP
Name	SEGARRA, JENNY M
Address	16116 TAMPA STREET
City-State-Zip:	TAMPA FL 33548

Title	TREA
Name	MORALES, OSVALDO
Address	16116 TAMPA STREET
City-State-Zip:	TAMPA FL 33548

Title	SEC
Name	SEGARRA, JENNY M
Address	16116 TAMPA STREET
City-State-Zip:	TAMPA FL 33548

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: OSVALDO MORALES

VP

03/15/2023

Electronic Signature of Signing Officer/Director Detail_____
Date