

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000058766

Entity Name: ANA'S ASSISTED LIVING FACILITY INC

Current Principal Place of Business:

8920 NW 7TH COURT
PEMBROKE PINES, FL 33024

Current Mailing Address:

8920 NW 7TH COURT
PEMBROKE PINES, FL 33024

FEI Number: 26-2812394

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

OLIVER, EVELYN
8920 NW 7TH COURT
PEMBROKE PINES, FL 33024 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 OLIVER, EVELYN
Address 8920 NW 7TH COURT
City-State-Zip: PEMBROKE PINES FL 33024

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: EVELYN OLIVER

PRESIDENT

03/16/2015

Electronic Signature of Signing Officer/Director Detail

Date