## 2019 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: EVELYN OLIVER 04/14/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title

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** 

Electronic Signature of Signing Officer/Director Detail

**FILED** Apr 14, 2019

**Secretary of State** 

1682100117CC

04/14/2019 Date