

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P14000084040

Entity Name: FORTUNA ASSISTED LIVING FACILITY CORP.

Current Principal Place of Business:

2511 PRISCILLA CT
LUTZ, FL 33559

Current Mailing Address:

2511 PRISCILLA CT
LUTZ, FL 33559

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SEGURA, ROSA
2511 PRISCILLA CT
LUTZ, FL 33559 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: ROSA SEGURA

04/15/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name SEGURA, ROSA
Address 2511 PRISCILLA CT
City-State-Zip: LUTZ FL 33559

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: ROSA SEGURA

P

04/15/2015

Electronic Signature of Signing Officer/Director Detail

Date