

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000063295

Entity Name: NEW LIFE ASSISTED LIVING INC.

Current Principal Place of Business:

2133 SE SHELTER DRIVE
PORT ST. LUCIE, FL 34952

Current Mailing Address:

2133 SE SHELTER DRIVE
PORT ST. LUCIE, FL 34952

FEI Number: 65-0854941

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NEWTON, ETHEL
2133 SE SHELTER DRIVE
PORT ST. LUCIE, FL 34952 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 D
Name NEWTON, ETHEL
Address 2133 SE SHELTER DRIVE
City-State-Zip: PORT ST. LUCIE FL 34952

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: ETHEL NEWTON

ADMINISTRATOR

04/30/2013

Electronic Signature of Signing Officer/Director Detail

Date