

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000059728

**Entity Name:** OAK VALLEY ASSISTED LIVING FACILITY, INC.

**Current Principal Place of Business:**

4488 HWY. 79  
VERNON, FL 32462

**Current Mailing Address:**

4488 HWY. 79  
VERNON, FL 32462

**FEI Number: 47-1468094**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

EASTERLING, MONROE F  
4488 HWY. 79  
VERNON, FL 32462 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 EASTERLING, MONROE F  
Address 4488 HWY. 79  
City-State-Zip: VERNON FL 32462

Title VP  
Name EASTERLING, TAMMY R  
Address 4488 HWY. 79  
City-State-Zip: VERNON FL 32462

*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: MONROE EASTERLING**

**P**

**04/11/2024**

Electronic Signature of Signing Officer/Director Detail

Date