2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2000 8:00 am
Secretary of State
05-04-2000 90129 020 ****61.25

DOCUMENT # 763910

1. Entity Name

ATLANTIC COMMUNITY CARE, INC.

Principal Place of Business	Mailing Address
324 DATURA STREET SUITE 330 WEST PALM BEACH FL 33401 US	324 DATURA STREET SUITE 330 WEST PALM BEACH FL 33401-6125 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
750 STARKEY ROAD	750 STARKEY ROAD
Suite, Apt. #, etc.: LARGO	Suite, Apt. #, etc.
City & State: LARGO FLORIDA	City & State: LARGO FLORIDA
Zip: 33771 Country: USA	Zip: 33771 Country: USA

4. FEI Number: 59-2201196 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WILLIAMS, ROBERT L 209 S. NASSAU STREET SUITE 101 VENICE FL 34285	Name: MICHAEL J. MOSES II Street Address (P.O. Box Number is Not Acceptable): 750 STARKEY ROAD City: LARGO FL Zip Code: 33771

8. 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 _____ _____ 4/27/00
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C/D TAYLOR, JAMES M 416 FLAMINGO AVENUE STUART FL 34996	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D, P MICHAEL J. MOSES II 750 STARKEY ROAD LARGO, FL. 33771	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VC/D PETERSON, JOHN H 501 FOREST LAKE BLVD. NAPLES FL 34105	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D REX A. PAGGEOT 750 STARKEY ROAD LARGO, FL 33771	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/D ZUCCARELLI, ROCCO A 4317 MONTALVO COURT NAPLES FL 34109	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JAMES E. HEENAN 750 STARKEY ROAD LARGO, FL. 33771	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T/D HINKLE, SAMUEL F JR. 12888 VALEWOOD DRIVE NAPLES FL 34119	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 4/27/00 727-595-4728
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #