2002 UNIFORM BUSINESS REPORT (UBR)

Jun 03, 2002 8:00 am Secretary of State **DOCUMENT # 763910** 1. Entity Name 05-13-2002 90076 043 ****61.25 ATLANTIC COMMUNITY CARE, INC. Principal Place of Business Mailing Address 750-STARKEY ROAD 750 STARKEY ROAD 1760 FL 33771 **LARGO FL 33771** . i 🚡 Principal Place of Business 35 OYUM 3. Mailing Address DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 59-2201196 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MUSES, MICHAEL J 750 STARKEY ROAD LARGO FL:33771 City 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 FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE Change ☐ Addition (9/01) MOSES, MICHAEL J II NAME NAME STREET ADDRESS 750 STARKEY ROAD STREET ADDRESS CITY-ST-7IF LARGO FL 33771 CITY-ST-7/P TITLE TITLE Change ☐ Addition NAME PAGGEUT, REX A NAME STREET ADDRESS 750 STARKEY ROAD STREET ADDRESS CITY-ST-ZIP LARGO FL 33771 CITY-ST-ZIP D . . . TIPLE . Delete Addition HEENAN, JAMES E NAME NAME STREET ADDRESS 750 STARKEY ROAD STREET ADDRESS CITY-ST-ZIP LARGO FL 33771 CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Delete IME ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAMÉ STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 hustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

JREDAGAN SR

FILED