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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000007330

1. Corporation Name
ALEXANDER APARTMENTS OF PLANT CITY, INC.

Principal Place of Business	Mailing Address
5707 NORTH 22ND ST TAMPA FL 33610	5707 NORTH 22ND ST TAMPA FL 33610

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualifed
12/24/1998

4. FEI Number
☒ Applied For
☐ Not Applicable

5. Certifcate of Status Desired ☑ **$8.75** Additional Fee Required

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

9. Name and Address of Current Registered Agent

MENTAL HEALTH CARE, INC.
5707 NORTH 22ND ST
TAMPA FL 33610

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	PARSONS, SALLY		1.2 NAME	
STREET ADDRESS	908 BRUCE ST		1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33606		1.4 CITY-ST-ZIP	
TITLE	TSD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	HOWARD, DALE		2.2 NAME	
STREET ADDRESS	1905 E BAKER ST, #2		2.3 STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL 33567		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	CHOATE, ROBERT COL.		3.2 NAME	
STREET ADDRESS	2405 CAROLINA AVE		3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33629		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	MELLAN, WILLIAM A DR.		4.2 NAME	39 Columbia Drive
STREET ADDRESS	PO BOX 31127 N/A		4.3 STREET ADDRESS	Suite 321
CITY-ST-ZIP	TAMPA FL 33631		4.4 CITY-ST-ZIP	Tampa, Florida 33606
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	BARRON, ELIZABETH		5.2 NAME	
STREET ADDRESS	3325 BAYSHORE BLVD, STE F-34		5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33629		5.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	ROGERS, JOHN		6.2 NAME	
STREET ADDRESS	6603 WEST STAFFORD RD		6.3 STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL 33656		6.4 CITY-ST-ZIP	

CR2E037 (11/98)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Sally Parsons **SIGNATURE REQUIRED** 4-1-99 (813) 272-2878 x 212
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #