## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # **P97000079572**1. Corporation Name

ADEPT LOVING CARE INC.

		-						
Principal Plac	e of Business profit is a contract	Mailing Address						
4281 TAYLOR FT. PIERCE FL		4281 TAYLOR DAI FT. PIERCE FL 34				DO NOT WRITE IN	THIS SPACE	
				٠		3. Date Incorporated or Qualifed 09/11/1997		
2. Principal P	Place of Business	2a. Mailing Addre	ess			4. FEI Number		Applied For
21		26		•		65-0788659		Not Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #,	etc.			5. Certificate of Status Desired	•	Additional Required
City & Stat	te	City & State				6. Election Campaign Financing	\$5.0	<b>0</b> May Be
23		28				Trust Fund Contribution	Adde	d to Fees
Zip	Country	Zip		Country		8. This corporation owes the current ye	ear Intangible	
24	25	29	30		•	Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Curren	t Registered Agent			,	10. Name and Address of New Regis	tered Agent	
		1.37. WESS 6"		81	Name	·		
	RCELIN, CLAUDINE	•		82	Street Add	ress (P.O. Box Number is Not Acceptable)	u-u-u-	·
428	1 TAYLOR DAIRY RD.			**	Ollectriadi	**************************************	in gerali vantet verten ha	1 to 190 2 1871 1875
, FT.	PIERCE FL 34946			83		· · · · · · · · · · · · · · · · · · ·	3 UN 32 A	
	,	•					· 其相 透射医检测 图	11 15 12 12 12 13 1
				84	City	•	FL 85 Zi	p Code "" "
11. Pursuant office or agent. I a	to the provisions of Sections 607.050; registered agent, or both, in the State am familiar with, and accept the obliga	2 and 607.1508, Florid of Florida, Such chan tions of Section 607.0	da Statutes, ti ge was author 0505 Florida	ne above ized by t Statutes.	-named corp the corporation	poration submits this statement for the purpoion's board of directors. I hereby accept the	ose of changing appointment as	registered registered
11. Pursuant office or agent. I a	registered agent, or both, in the State am semiliar with, and accept the obligation of the state and accept the obligation of the state agent states agent	of Florida. Such chan tions of Section 607.0	ge was author 0505 Florida (NOTE: Regis	ized by t Statutes.	the corporate	ion's board of directors. I hereby accept the	ATE ATE	registered
agent. I a	registered agent, or both, in the State am semiliar with, and accept the obligation of the state and accept the obligation of the state agent states agent	of Florida. Such changing of Section 607.0  It and title if applicable.	ge was author 0505 Florida (NOTE: Regis	ized by t Statutes.	the corporate	ed when reinstating); ; ; ; ; ; ; D.  ADDITIONS/CHANGES TO OFFICE	ATE ATE	TORS IN 12
office of agent. I a SIGNATURE	registered agent, or both, in the State am familiar with, and accept the obligation of the state are familiar with, and accept the obligation of the state of the	of Florida. Such changing of Section 607.0  It and title if applicable.	ge was authorios Florida (NOTE: Regis	Statutes.	the corporate	ed when reinstating); ( )	ATE RS AND DIREC	TORS IN 12
office or agent. I a SIGNATURE  12.  TITLE  NAME	registered agent, or both, in the State am familiar with, and accept the obligation of the state are familiar with, and accept the obligation of the state of the	of Florida. Such changing of Section 607.0  It and title if applicable.	ge was author 0505 Florida (NOTE: Regis	tered Agent 13.	the corporation	ed when reinstating); ; ; ; ; ; ; D.  ADDITIONS/CHANGES TO OFFICE	ATE RS AND DIREC	TORS IN 12
office or agent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS	registered agent, or both, in the State am familiar with, and accept the obligar Signature, typed or printed name of registered agen OFFICERS AN P MARCELIN, CLAUDINE 4281 TAYLOR DAIRY RD.	of Florida. Such changing of Section 607.0  It and title if applicable.	ge was author 0505 Florida (NOTE: Regis	ized by the Statutes.  Itered Agent  13.  1.1 TITLE  1.2 NAME	signature require	ed when reinstating); ; ; ; ; ; ; D.  ADDITIONS/CHANGES TO OFFICE	ATE RS AND DIREC	TORS IN 12
office or agent. I a SIGNATURE  12.  TITLE  NAME	registered agent, or both, in the State am familiar with, and accept the obligation of the state are familiar with, and accept the obligation of the state of the	of Florida. Such changing of Section 607.0  In and title if applicable.  ID DIRECTORS	ge was author 0505 Florida (NOTE: Regis	tered Agent 13. 1.1 TITLE 1.2 NAME	signature require	ed when reinstating); ; ; ; ; ; ; D.  ADDITIONS/CHANGES TO OFFICE	ATE RS AND DIREC	TORS IN 12 e  Addition
office of agent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	registered agent, or both, in the State am familiar with, and accept the obligar of signature, typed or printed name of registered agents of the part	of Florida. Such changing of Section 607.0  In and title if applicable.  ID DIRECTORS	ge was author 0505 Florida : (NOTE: Regis	ized by to Statutes.  Itered Agent  13.  1.1 TITLE  1.2 NAME  1.3 STREET  1.4 CITY-ST	signature require	ed when reinstating);; ; ; ; ; ; D.  ADDITIONS/CHANGES TO OFFICE	ATE  RS AND DIREC  Chang	TORS IN 12 e  Addition
office of agent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	registered agent, or both, in the State am familiar with, and accept the obligar Signature, typed or printed name of registered agen OFFICERS AN PARCELIN, CLAUDINE 4281 TAYLOR DAIRY RD. FORT PIERCE FL 34946  VP FALCON, JENNIES	of Florida. Such changing of Section 607.0  In and title if applicable.  ID DIRECTORS	ge was author 0505 Florida : (NOTE: Regis	itered Agent  13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE	signature require  ADDRESS	ed when reinstating);; ; ; ; ; ; D.  ADDITIONS/CHANGES TO OFFICE	ATE  RS AND DIREC  Chang	TORS IN 12 e  Addition
office or agent. I a signature  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	registered agent, or both, in the State- am familiar with, and accept the obligar  Signature, typed or printed name of registered agen  OFFICERS AN  P  MARCELIN, CLAUDINE 4281 TAYLOR DAIRY RD. FORT PIERCE FL 34946  VP  FALCON, JENNIES 2165 S.E. GASLIGHT ST.	of Florida. Such chan, though of Section 607.0 of Section	ge was author 0505 Florida (NOTE: Regis	ized by t Statutes. 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME	signature require  ADDRESS  ADDRESS	ed when reinstating);; ; ; ; ; ; D.  ADDITIONS/CHANGES TO OFFICE	ATE  RS AND DIREC  Chang	TORS IN 12 e  Addition
office of agent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	registered agent, or both, in the State am familiar with, and accept the obligar Signature, typed or printed name of registered agen OFFICERS AN PARCELIN, CLAUDINE 4281 TAYLOR DAIRY RD. FORT PIERCE FL 34946  VP FALCON, JENNIES	of Florida. Such chan, thorst off Section 607.0	ge was author 0505 Florida : (NOTE: Regis	ized by t Statutes. Itered Agent 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME	signature require  ADDRESS  ADDRESS	ed when reinstating);; ; ; ; ; ; D.  ADDITIONS/CHANGES TO OFFICE	ATE  RS AND DIREC  Chang	TORS IN 12 e
office of agent. I a signature  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  TITLE  TITLE  TITLE  TITLE	registered agent, or both, in the State- am familiar with, and accept the obligar  Signature, typed or printed name of registered agen  OFFICERS AN  P  MARCELIN, CLAUDINE 4281 TAYLOR DAIRY RD. FORT PIERCE FL 34946  VP  FALCON, JENNIES 2165 S.E. GASLIGHT ST.	of Florida. Such chan, thorst off Section 607.0	ge was author 0505 Florida : (NOTE: Regis ELETE	ized by to Statutes.  itered Agent 13.  1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-ST	signature require  ADDRESS  ADDRESS	ed when reinstating);; ; ; ; ; ; D.  ADDITIONS/CHANGES TO OFFICE	RS AND DIREC	TORS IN 12 e
office of agent. I a signature  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME	registered agent, or both, in the State am femiliar with, and accept the obligated services. Signature, typed or printed name of registered agen  OFFICERS AN  P  MARCELIN, CLAUDINE 4281 TAYLOR DAIRY RD. FORT PIERCE FL 34946  VP  FALCON, JENNIES 2165 S.E. GASLIGHT ST. PORT ST. LUCIE FL 34952	of Florida. Such chan, thorst off Section 607.0	ge was author 0505 Florida : (NOTE: Regis ELETE	itered Agent  13.  1.1 TITLE  1.2 NAME  1.3 STREET  1.4 CITY-ST  2.1 TITLE  2.2 NAME  2.3 STREET  2.4 CITY-ST  3.1 TITLE	ADDRESS -ZIP ADDRESS -ZIP	ed when reinstating);; ; ; ; ; ; D.  ADDITIONS/CHANGES TO OFFICE	RS AND DIREC	TORS IN 12 e
office of agent. I a signature  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS	registered agent, or both, in the State- am femiliar with, and accept the obligar  OFFICERS AN  P MARCELIN, CLAUDINE 4281 TAYLOR DAIRY RD. FORT PIERCE FL 34946  VP FALCON, JENNIES 2165 S.E. GASLIGHT ST. PORT ST. LUCIE FL 34952	of Florida. Such chan, thorst off Section 607.0	ge was author 0505 Florida : (NOTE: Regis ELETE	ized by t Statutes. 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.2 NAME 2.2 NAME 2.3 STREET 2.1 TITLE 3.1 TITLE 3.1 TITLE 3.2 NAME	ADDRESS T-ZIP  ADDRESS ADDRESS	ed when reinstating);; ; ; ; ; ; D.  ADDITIONS/CHANGES TO OFFICE	RS AND DIREC	TORS IN 12 e
office of agent. I a signature  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  CITY-ST-ZIP	registered agent, or both, in the State am femiliar with, and accept the obligated services. Signature, typed or printed name of registered agen  OFFICERS AN  P  MARCELIN, CLAUDINE 4281 TAYLOR DAIRY RD. FORT PIERCE FL 34946  VP  FALCON, JENNIES 2165 S.E. GASLIGHT ST. PORT ST. LUCIE FL 34952	of Florida. Such channy thorst off Section 607.0  It and title if applicable.  ID DIRECTORS  DI	ge was author 0505 Florida : (NOTE: Regis ELETE	itered Agent  13.  1.1 TITLE  1.2 NAME  1.3 STREET  1.4 CITY-ST  2.1 TITLE  2.2 NAME  2.3 STREET  2.4 CITY-ST  3.1 TITLE	ADDRESS T-ZIP  ADDRESS ADDRESS	ed when reinstating);; ; ; ; ; ; D.  ADDITIONS/CHANGES TO OFFICE	RS AND DIREC Chang	TORS IN 12 e
office of agent. I a signature  12. TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  NAME  NAME  NAME	registered agent, or both, in the State am femiliar with, and accept the obligar of semiliar with, and accept the obligar of semiliar with the obligar with the	of Florida. Such channy thorst off Section 607.0  It and title if applicable.  ID DIRECTORS  DI	Ge was author USOS Florida : (NOTE: Regis ELETE  ELETE  ELETE	itered Agent 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-ST 3.4 CITY-ST 3.4 CITY-ST 4.1 TITLE	ADDRESS T-ZIP  ADDRESS ADDRESS	ed when reinstating);  ADDITIONS/CHANGES TO OFFICE	RS AND DIREC Chang	TORS IN 12 e Addition e Addition
office of agent. I a signature  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME	registered agent, or both, in the State am femiliar with, and accept the obligated agent of	of Florida. Such chan; though of Section 607.0 of Section	Ge was author USOS Florida (NOTE: Regis ELETE  ELETE  ELETE	itered Agent 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-SI 3.4 TITLE 4.4 LITY-SI 4.4 LITY-SI 4.5 NAME 4.7 NAME 4.7 NAME 4.7 NAME	ADDRESS T-ZIP  ADDRESS T-ZIP	ed when reinstating);  ADDITIONS/CHANGES TO OFFICE	RS AND DIREC Chang	TORS IN 12 e Addition e Addition
office of agent. I a signature  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS	registered agent, or both, in the State am femiliar with, and accept the obligated agent of	of Florida. Such chan; thorst off Section 607.0	ge was authout 1950s Florida 1	itered Agent  13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-ST 3.1 TITLE 3.3 STREET 3.4 CITY-ST 4.1 TITLE 4.2 NAME 4.3 STREET 4.2 NAME 4.3 STREET 4.2 NAME 4.3 STREET	ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP	ed when reinstating);  ADDITIONS/CHANGES TO OFFICE	RS AND DIREC Chang	TORS IN 12 e Addition e Addition
office of agent. I a signature  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	registered agent, or both, in the State am femiliar with, and accept the obligated agent of	of Florida. Such chan; though of Section 607.0 and the Properties.  ID DIRECTORS  DI  DI	ge was author 0505 Florida (NOTE: Regis ELETE  ELETE  ELETE	itered Agent  13.  1.1 TITLE  1.2 NAME  1.3 STREET  1.4 CITY-ST  2.1 TITLE  2.2 NAME  2.3 STREET  3.1 TITLE  3.2 NAME  3.3 STREET  3.4 CITY-SI  4.1 TITLE  4.2 NAME  4.3 STREET  4.4 CITY-SI  4.4 CITY-SI  4.4 CITY-SI  4.5 NAME	ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP	ed when reinstating);  ADDITIONS/CHANGES TO OFFICE	RS AND DIREC Chang	TORS IN 12 e
office of agent. I a signature  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	registered agent, or both, in the State am femiliar with, and accept the obligated agent of	of Florida. Such chan; though of Section 607.0 and the Properties.  ID DIRECTORS  DI  DI	Ge was author USOS Florida (NOTE: Regis ELETE  ELETE  ELETE  ELETE  ELETE	itered Agent  13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-ST 3.1 TITLE 3.3 STREET 3.4 CITY-ST 4.1 TITLE 4.2 NAME 4.3 STREET 4.2 NAME 4.3 STREET 4.2 NAME 4.3 STREET	ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS ADDRESS ADDRESS	ed when reinstating);  ADDITIONS/CHANGES TO OFFICE	RS AND DIREC Chang	TORS IN 12 e
office of agent. I a signature  12. TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  NAME  NAME  NAME  NAME	registered agent, or both, in the State am femiliar with, and accept the obligar of states of the obligar of states. Signature, typed or printed name of registered agent of states of the obligation of the states of the obligation of the obligatio	of Florida. Such chan; though of Section 607.0 and the Properties.  ID DIRECTORS  DI  DI	Ge was authous of the control of the	itered Agent  13.  1.1 TITLE  1.2 NAME  1.3 STREET  1.4 CITY-ST  2.1 TITLE  2.2 NAME  2.3 STREET  3.1 TITLE  3.2 NAME  3.3 STREET  4.1 TITLE  4.2 NAME  4.3 STREET  4.1 TITLE  4.2 NAME  4.3 STREET  5.4 NAME  5.5 NAME	ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP	ed when reinstating);  ADDITIONS/CHANGES TO OFFICE	RS AND DIREC Chang	TORS IN 12 e
office of agent. I a signature  12. TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	registered agent, or both, in the State am femiliar with, and accept the obligar of states of the obligar of states. Signature, typed or printed name of registered agent of states of the obligation of the states of the obligation of the obligatio	of Florida. Such chan; though of Section 607.0 and the Properties.  ID DIRECTORS  DI  DI	Ge was authous of the control of the	itered Agent  13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 3.1 TITLE 3.2 NAME 3.3 STREET 4.1 CITY-ST 4.1 TITLE 4.2 NAME 4.3 STREET 4.1 TITLE 4.2 NAME 4.3 STREET 5.1 TITLE 5.2 NAME 5.3 STREET 5.1 TITLE 5.2 NAME 5.3 STREET 5.3 NAME 5.3 STREET	ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS ADDRESS T-ZIP	ed when reinstating);  ADDITIONS/CHANGES TO OFFICE	RS AND DIREC Chang	TORS IN 12 e
office of agent. I a signature  12. TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	registered agent, or both, in the State am templiar with, and accept the obligation of the state	of Florida. Such change the property of Section 607.0 and the property of	Ge was authous of the control of the	itered Agent  13.  1.1 TITLE  1.2 NAME  1.3 STREET  1.4 CITY-ST  2.1 TITLE  2.2 NAME  2.3 STREET  3.1 TITLE  3.2 NAME  3.3 STREET  4.1 TITLE  4.2 NAME  4.3 STREET  4.1 TITLE  4.2 NAME  4.3 STREET  5.4 NAME  5.5 NAME	ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS ADDRESS T-ZIP	ed when reinstating);  ADDITIONS/CHANGES TO OFFICE	RS AND DIREC Chang	TORS IN 12 e
office of agent. I a signature  12. TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	registered agent, or both, in the State am templicativith, and accept the obligative strength of the obligation of the o	of Florida. Such change the property of Section 607.0 and the property of	GE WAS AUTHOUS OF Florida CONTROL (NOTE: Register Florida CONTROL CONT	itered Agent  13.  1.1 TITLE  1.2 NAME  1.3 STREET  1.4 CITY-ST  2.1 TITLE  2.2 NAME  2.3 STREET  3.1 TITLE  3.2 NAME  3.3 STREET  3.4 CITY-SI  4.1 TITLE  4.2 NAME  4.3 STREET  4.5 TITLE  5.2 NAME  5.3 STREET  5.4 CITY-SI  5.5 NAME  5.5 NAME  5.6 STREET  5.7 NAME	ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS ADDRESS T-ZIP	ed when reinstating);  ADDITIONS/CHANGES TO OFFICE	Chang	TORS IN 12 e

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 607, 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.

6.4 CITY-ST-ZIP

**FILED** 

Feb 02, 1999 8:00am

**Secretary of State** 

02-02-1999 90007 044 \*\*\*150.00