## 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 # P95000077367

1. Corporation Name

**ELDERLY LOVING CARE, INC.** 

## **FILED** Apr 09, 1999 8:00 am Secretary of State

04-09-1999 90084 015 \*\*\*150.00

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Principal Place of Business Mailing Address										
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VERO BEACH F	FL 32960	VERO BEACH FL 32963				DO NOT WRIT	E IN THIS	SPACE		
						3. Date Incorporated or Qualifed		J TOL		
						10/02/1995			کید.	·
2 Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number	<u> </u>	10-41 1	Appli	ed For
		26		-		65-0621383			<b>└</b>	pplicable
Suite, Apt.	# etc	Suite, Apt. #, etc.						\$8.7	5 Add	ditional
22	m, etc.	27				5, Certifcate of Status Desired			e Requ	
City & State	B	City & State	····		_	6. Election Campaign Financing		\$5.	00 ма	
23	•	28				Trust Fund Contribution			led to F	
Zip	Country	Zip	Countr	у		8. This corporation owes the curre	ent year Inti	angible		/
24	25	29 3	0			Personal Property Tax.	•	Yes	Ř	No
	9. Name and Address of Currer	1-71	<u> </u>		_	10. Name and Address of New R	egistered .	Agent		
			8	1 Na	me					
ELLI	OTT, DAN S		8:	2 0		ss (P.O. Box Number is Not Accepta	hlal			
816 HIBISCUS LANE		0	2   Str	eet Addre	ss (P.O. Box Number is Not Accepte	DIC)				
VER	O BEACH FL 32963		8:	3						
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			84	4 Cit	У		FL	85 2	Zip Co	je
44 Pursuant	to the provisions of Sections 607.050	22 and 607 1508 Florida Statutes	the abo	.Jve-nar	ned corpo	ration submits this statement for the	nurnose of	changin	g its re	gistered
i affica ar r	asistored agent or both in the State	of Florida, Such change was aut	nonzea n	v tne c	corporation	's board of directors. I hereby accep	it the appoin	ntment a	s regis	itered
agent. I a	m familiar with, and accept the obliga	ations of, Section 607.0505, Florid	ia Statute	s.						
SIGNATURE	Signature, typed or printed name of registered age	ant and title if applicable /NOTE: R	enstered Ad	ent signa	ture required	when reinstating)	DATE			—
12.		ND DIRECTORS	13.	on agno		ADDITIONS/CHANGES TO OF	FICERS AN	ID DIRE	CTOR	s IN 12
TITLE	Р	☐ DELETE	1.1 TITLE					☐ Char		Addition
NAME	ELLIOTT, DAN S		1.2 NAME		İ					
STREET ADDRESS	816 HIBISCUS LANE	•	1.3 STRE		RESS					
	VERO BEACH FL 32963		1.4 CITY-							
CITY-ST-ZIP	VENO DEACH FE 32903	☐ DELETE	2.1 TITLE			-		Char	nge	Addition
TITLE			2.2 NAME		1				-	
NAME	ELLIOTT, SARAH P	and the same of th	2.3 STRE			يت الرابعة المناسبان الموسا	<b></b>			<b>-</b> -
-STREET ADDRESS	816 HIBISCUS LANE	, - , - , - , - , - , - , - , - , - , -			(E33)					
CITY-ST-ZIP	VERO BEACH FL 32963	☐ DELETE	2.4 CITY 3.1 TITLE					☐ Char	nae	[ ] Addition
TITLE					}				•	_
NAME	,		3.2 NAME							
STREET ADDRESS			3.3 STRE		(ESS)					
CITY-ST-ZIP		□ per tit	3.4. CITY		_			Chai	nne	Addition
TITLE		☐ DELETE	4.1 TITLE		1			51141	,90	
NAME			4, 2 NAM							
STREET ADDRESS			4.3 STRE		RESS					
CITY-ST-ZIP			4.4 CITY-							☐ Addition
TITLE		☐ DELETE	5.1 TITLE		1			☐ Chai	nge	☐ Addition
NAME			5.2 NAME		1					
STREET ADDRESS			5.3 STRE		RESS					
CITY-ST-ZIP			5,4 CITY-							
TITLE		☐ DELETE	6.1 TITLE					Chai	nge	☐ Addition
NAME	,		6.2 NAME	<b>.</b>						
CTDEET ADDRESS			6.3 STRE	ETADDE	RESS					

CITY-ST-ZIP 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 receiving of true 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 of phase and address, with all other like empowered.

6.4 CiTY-ST-ZIP

SIGNATURE:

STREET ADDRESS

RDANIS, ELLIOT