

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000014821

Entity Name: ADULTCARE INC

Current Principal Place of Business:

4800 LYONS TECHNOLOGY PARKWAY STE 4
4
COCONUT CREEK, FL 33073

Current Mailing Address:

4800 LYONS TECHNOLOGY PARKWAY STE 4
4
COCONUT CREEK, FL 33073

FEI Number: 65-0867627

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BRUNO, STEPHEN A
4800 LYONS TECHNOLOGY PARKWAY STE 4
4
COCONUT CREEK, FL 33073 US

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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PD
Name BRUNO, STEPHEN
Address 4800 LYONS TECHNOLOGY
PARKWAY STE 4
City-State-Zip: COCONUT CREEK FL 33073

Title VP
Name LEVY, DAVID
Address 4800 LYONS TECHNOLOGY
PARKWAY STE 4
City-State-Zip: COCONUT CREEK FL 33073

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: STEPHEN BRUNO

PD

03/02/2016

Electronic Signature of Signing Officer/Director Detail

Date