

**FILE NOW: FILING FEE AFTER MAY 1 IS \$220.00**

**APPROVED AND FILED**

**95 APR 21 AM 9:16**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION ANNUAL REPORT 1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Myrtham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 581939 (6)**

1. Corporation Name  
**MEDICARE CONVALESCENT AIDS OF PINELLAS, INC.**

PHYSICAL PLACE OF BUSINESS      HOME MAIL ADDRESS

**10901 ROOSEVELT BLVD.  
600 D  
ST. PETERSBURG FL 33716  
US**

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600 D  
ST. PETERSBURG FL 33716  
US**

2. Principal Place of Business      2a. Mailing Address

**21** Suite, Apt. #, etc.      **26** Suite, Apt. #, etc.

**22** City & State      **27** City & State

**23** Zip      **28** Zip

**24** Country      **25** Country      **29** Country      **30** Country

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified      3a. Date of Last Report

**09/01/1978**      **05/01/1994**

4. FEI Number      Applied For

**59-1855613**       Not Applicable

5. Certificate of Status Desired       **\$8.75** Additional Fee Required

6. Election Campaign Financing       **\$5.00** May Be Added to Fees

Trust Fund Contribution     

6. This corporation has liability for intangible tax under S. 199.002, Florida Statutes       Yes       No

9. Name and Address of Current Registered Agent

**TEPPER, ARTHUR  
12219 BRIGHTWATER BLVD  
TAMPA FL 33617**

10. Name and Address of New Registered Agent

**01** Name

**02** Street Address (P.O. Box Number is Not Acceptable)

**03**

**04** City      **FL**      **05** Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and date if applicable      (NOTE: Registered Agent signature required when resigning)      DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>VSD</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VALENTI, JOSEPH</b>	1.2 NAME	
STREET ADDRESS	<b>2105 S HESPERIDES</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>TAMPA FL</b>	1.4 CITY - ST - ZIP	
TITLE	<b>VSD</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TEPPER, ARTHUR</b>	2.2 NAME	
STREET ADDRESS	<b>12219 BRIGHTWATER BLVD.</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>TAMPA FL</b>	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Arthur Pepper      **ARTHUR TEPPER**      **4/19/95**      **813-572-8008**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      DATE      Telephone Number