

FILE ON OR BEFORE APRIL 9, 1997 TO AVOID REVOCATION
AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 MAR 31 PM 4:20

1. Name of Limited Partnership

1a. DOCUMENT #
A96000001654

ALZHEIMER'S CARE CENTER OF VIERA, LTD.

Mailing Address

Principal Office Address

290 MARLIN PLACE
MELBOURNE BEACH FL 32951

290 MARLIN PLACE
MELBOURNE BEACH FL 32951

3. Date Formed or Registered

09/06/1996

5a. Capital Contributions as
Shown on record.

\$650,000.00

3a. Date of Last Report

5b. Amount of Capital
Contributions in FLORIDA
to date:

\$550,000

4. State or Country of Formation

FL

2. Mailing Address

2351 W. Eau Gallie Blvd.

2a. Principal Office Address

2351 W. Eau Gallie Blvd.

Suite, Apt. #, etc.

1

Suite, Apt. #, etc.

1

City & State

Melbourne, FL

City & State

Melbourne, FL

Zip

32935

Country

USA

Zip

32935

Country

USA

6. FEI Number

☐ Applied For
☐ Not Applicable

7. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

COOPER, MINTON F
290 MARLIN PLACE
MELBOURNE BEACH FL 32951

10. If changed, new Registered Agent/Office

Name

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

2315 W. Eau Gallie Blvd.

Suite, Apt. #, etc.

City

Melbourne

Zip Code

FL 32935

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, 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 its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)

COMMUNITY CARE ASSOCIATES, I

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

290 MARLIN PLACE
2351 W. Eau Gallie Blvd
Suite 1
Melbourne, FL 32935

11b. City, State & Zip Code

MELBOURNE BEACH FL 32
Melbourne, FL 32935

11c. Registration/
Document Number

V62070

100002131291--2
-04/02/97--01052--009
****541.25 ****31/25

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. 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 release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

Minton F. Cooper, President

3-15-97

Typed or Printed Name of General Partner Signing Form

Community Care Assoc. Inc., GP

Daytime Telephone Number

407-752-7009