

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A96000001654

1. Entity Name

ALZHEIMER'S CARE CENTER OF VIERA, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 20 PM 12:06



DO NOT WRITE IN THIS SPACE

Principal Place of Business

2351 W. EAU GALLIE BLVD., SUITE 1
MELBOURNE FL 32935

Mailing Address

2351 W. EAU GALLIE BLVD., SUITE 1
MELBOURNE FL 32935-3114

2. Principal Place of Business

7999 Spyglass Hill Rd.
Suite, Apt. #, etc.

3. Mailing Address

7999 Spyglass Hill Rd.
Suite, Apt. #, etc.

City & State

Melbourne, FL

City & State

Melbourne, FL

4. FEI Number

59-3410085

Applied For

Not Applicable

Zip
32940

Country
Brevard

Zip
32940

Country
Brevard

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COOPER, MINTON F.
2351 W. EAU GALLIE BLVD., SUITE 1
MELBOURNE FL 32935

Name

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

7999 Spyglass Hill Rd.

City
Melbourne

FL

Zip Code
32940

8. 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

Minton F. Cooper 4/22/00

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$650,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # V62070
NAME COMMUNITY CARE ASSOCIATES, INC.
STREET ADDRESS 2351 W. EAU GALLIE BLVD., SUITE 1
CITY - ST - ZIP MELBOURNE FL 32935

STREET ADDRESS 7999 Spyglass Hill Rd.

CITY - ST - ZIP Melbourne, FL 32940

DOCUMENT #
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CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

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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 report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

Minton F. Cooper, President

321-752-7009

SIGNATURE: SIGNATURE REQUIRED

Community Care Associates, Inc., GP

4/22/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

C-2E003 (3/99)