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CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 19 AM 8:56

DOCUMENT # J32109 (7)

1. Corporation Name
ADULT INTERMEDIATE CARE FACILITIES, INC.

Principal Place of Business	Mailing Address
C/O FLOYD HARPER 14327 N. 69TH DR. PALM BEACH GARDENS FL 33418-7240	C/O FLOYD HARPER 14327 N. 69TH DR. PALM BEACH GARDENS FL 33418-7240

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

3. Date Incorporated or Qualified: 09/08/1986
3a. Date of Last Report: 02/10/1994
4. FEI Number: 59-2721911 — Applied For / Not Applicable
5. Certificate of Status Desired [X] — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [ ] — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes [X] Yes [ ] No

9. Name and Address of Current Registered Agent

HARPER, FLOYD D
14327 N. 69TH DR.
PALM BEACH GARDENS FL 33418-7240

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 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 FLOYD D. HARPER [signature] 1-11-95

12. OFFICERS AND DIRECTORS / **13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

	12. Officers and Directors	13. Additions/Changes
TITLE	PT	11 TITLE [ ] Change [ ] Addition
NAME	HARPER, FLOYD DALE	12 NAME
STREET ADDRESS	14327 69TH DR.	13 STREET ADDRESS
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418-7242	14 CITY-ST-ZIP
TITLE	VS	21 TITLE [ ] Change [ ] Addition
NAME	HARPER, LORY M.	22 NAME
STREET ADDRESS	14327 69TH DR.	23 STREET ADDRESS
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418-7240	24 CITY-ST-ZIP
TITLE		31 TITLE [ ] Change [ ] Addition
NAME		32 NAME
STREET ADDRESS		33 STREET ADDRESS
CITY-ST-ZIP		34 CITY-ST-ZIP
TITLE		41 TITLE [ ] Change [ ] Addition
NAME		42 NAME
STREET ADDRESS		43 STREET ADDRESS
CITY-ST-ZIP		44 CITY-ST-ZIP
TITLE		51 TITLE [ ] Change [ ] Addition
NAME		52 NAME
STREET ADDRESS		53 STREET ADDRESS
CITY-ST-ZIP		54 CITY-ST-ZIP
TITLE		61 TITLE [ ] Change [ ] Addition
NAME		62 NAME
STREET ADDRESS		63 STREET ADDRESS
CITY-ST-ZIP		64 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(1)(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 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: FLOYD D. HARPER [signature] 1-11-95 407-622-1348
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0264333 CP