2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 AM
Secretary of State

DOCUMENT# J32109

Entity Name: ADULT INTERMEDIATE CARE FACILITIES, INC.

Current Principal Place of Business:

C/O FLOYD HARPER
14327 N. 69TH DR.
PALM BEACH GARDENS, FL 334187240

New Principal Place of Business:

Current Mailing Address:

19874 HIBICUS DRIVE
14327 N. 69TH DR.
TEQUESTA, FL 33469

New Mailing Address:

19874 HIBICUS DRIVE
TEQUESTA, FL 334692193

FEI Number: 59-2721911 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HARPER, FLOYD D
19874 HIBISCUS DRIVE
TEQUESTA, FL 33469 US

Name and Address of New Registered Agent:

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

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).
Election Campaign Financing Trust Fund Contribution (X).

OFFICERS AND DIRECTORS:

Title: PT ( ) Delete
Name: HARPER, FLOYD DALE,
Address: 14327 69TH DR.
City-St-Zip: PALM BEACH GARDENS, FL 334187242

Title: VS ( ) Delete
Name: HARPER, LORY M.,
Address: 14327 69TH DR.
City-St-Zip: PALM BEACH GARDENS, FL 334187240

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change ( ) Addition
Name: HARPER, FLOYD D
Address: 19874 HIBISCUS DRIVE
City-St-Zip: TEQUESTA, FL 34692193

Title: VS (X) Change ( ) Addition
Name: HARPER, LORY M
Address: 19874 HIBISCUS DRIVE
City-St-Zip: TEQUESTA, FL 334692193

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: FLOYD D HARPER P 02/13/2002

Electronic Signature of Signing Officer or Director — Date