

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J32109

FILED  
Feb 14, 2005  
Secretary of State

Entity Name: ADULT INTERMEDIATE CARE FACILITIES, INC.

**Current Principal Place of Business:**

19874 HIBISCUS DR  
TEQUESTA, FL 334692193

**New Principal Place of Business:**

**Current Mailing Address:**

19874 HIBICUS DRIVE  
TEQUESTA, FL 334692193

**New Mailing Address:**

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

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

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

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

Title: S ( ) Change (X) Addition  
Name: HARPER, JOSEPH J  
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

PRES

02/14/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date