

FILED
Jun 11, 2003 8:00 am
Secretary of State

06-11-2003 90064 020 ***550.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # J32109											
1. Entity Name ADULT INTERMEDIATE CARE FACILITIES, INC.											
Principal Place of Business C/O FLOYD HARPER 14327 W. 89TH DR. PALM BEACH GARDENS, FL 33410-7240		Mailing Address 19874 HIBISCUS DRIVE TEQUESTA, FL 33469-2193									
2. Principal Place of Business 19874 Hibiscus Drive		3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.									
City & State Tequesta FL		City & State									
Zip 33469-2193		Country Palm Beach									
4. FEI Number 59-2721911		☒ CHECK HERE IF MAKING CHANGES									
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		☐ Applied For ☐ Not Applicable									
6. Name and Address of Current Registered Agent HARPER, FLOYD D 19874 HIBISCUS DRIVE TEQUESTA, FL 33469		7. Name and Address of New Registered Agent									
		Name									
		Street Address (P.O. Box Number is Not Acceptable)									
		City									
		FL Zip Code									
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. I am familiar with, and accept the obligations of registered agent.											
SIGNATURE _____ (Signature, typed or printed name of registered agent and date is acceptable) (NOTE: Registered Agent signature required when changing) DATE _____											
9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees											
10. OFFICERS AND DIRECTORS											
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																					
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption labeled in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.																					
SIGNATURE: **Floyd Harper, President** **6/7/2003** **561-625-1311**																					