

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J91884 (3)

1. Corporation Name

CONGREGATE CARE CONCEPTS, INC.



Principal Place of Business

750 STARKEY RD.
LARGO FL 34641

Mailing Address

750 STARKEY RD.
LARGO FL 34641

2. Principal Place of Business

2a. Mailing Address

21

State, Apt. #, etc.

26

State, Apt. #, etc.

22

City & State

27

City & State

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Zip

Country

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Zip

Country

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9. Name and Address of Current Registered Agent

MOSES, MICHAEL
750 STARKEY RD.
LARGO FL 34641

3. Date Incorporated or Qualified

09/08/1987

3a. Date of Last Report

04/21/1995

4. FIC Number

59-2844100

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

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 607.0506, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and the applicable

Signature typed or printed name of new registered agent and the applicable

3/4/96

12. OFFICERS AND DIRECTORS

1. TITLE ☐ DELETE

NAME
MOSES, MICHAEL
STREET ADDRESS
750 STARKEY RD.
CITY-STATE-ZIP
LARGO FL 34641

2. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

3. TITLE ☐ DELETE

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CITY-STATE-ZIP

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7. TITLE ☐ DELETE

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STREET ADDRESS
CITY-STATE-ZIP

8. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition

2. NAME ☐ Change ☐ Addition

3. STREET ADDRESS ☐ Change ☐ Addition

4. CITY-STATE-ZIP ☐ Change ☐ Addition

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