

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 03, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90075 037 \*\*\*150.00

**DOCUMENT # J91884**

1. Entity Name  
**CONGREGATE CARE CONCEPTS, INC.**

Principal Place of Business  
**750 STARKEY RD.  
 LARGO FL 33771  
 US**

Mailing Address  
**750 STARKEY RD.  
 LARGO FL 34641**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**7235 Bryan Dairy Rd**

3. Mailing Address  
**7235 Bryan Dairy Rd**

City & State  
**Largo, FL**

City & State  
**Largo, FL**

4. FEI Number  
**59-2844100**

Applied For  
 Not Applicable

Zip  
**33777**

Country  
**USA**

Zip  
**33777**

Country  
**USA**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**MOSES, MICHAEL  
 750 STARKEY RD.  
 LARGO FL 33771**

7. Name and Address of New Registered Agent  
 Name: **James E. Heenan**  
 Street Address: **7235 Bryan Dairy Road**  
 City: **Largo** FL ZIP Code: **33777**

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.  
 SIGNATURE: *[Signature]* **JAMES E HEENAN** DATE: **5/29/02**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

| 11. OFFICERS AND DIRECTORS                     |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P</b><br><b>MOSES, MICHAEL</b><br><b>750 STARKEY RD.</b><br><b>LARGO FL 34641</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>PD</b><br><b>7235 Bryan Dairy Road</b><br><b>Largo, FL 33777</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>ID</b><br><b>James E. Heenan</b><br><b>7235 Bryan Dairy Road</b><br><b>Largo, FL 33777</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>SDA</b><br><b>2015 Bosworth Dairy Road</b><br><b>7235 Bryan Dairy Road</b><br><b>Largo, FL 33777</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |

13. I hereby certify that the information supplied with this filing does not qualify 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **JAMES E HEENAN** DATE: **4/30/02** DAYTIME PHONE #: **727-725 1136**

CR2E034 (9/01)