

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J91884

FILED  
Apr 30, 2004  
Secretary of State

Entity Name: CONGREGATE CARE CONCEPTS, INC.

**Current Principal Place of Business:**

7235 BRYAN DAIRY RD  
LARGO, FL 33777 US

**New Principal Place of Business:**

**Current Mailing Address:**

7235 BRYAN DAIRY RD  
LARGO, FL 33777 US

**New Mailing Address:**

FEI Number: 59-2844100      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HEENAN, JAMES E  
7235 BRYAN DAIRY ROAD  
LARGO, FL 33777 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: PD ( ) Delete  
Name: MOSES, MICHAEL  
Address: 7235 BRYAN DAIRY ROAD  
City-St-Zip: LARGO, FL 33777

Title: TD ( ) Delete  
Name: HEENAN, JAMES E  
Address: 7235 BRYAN DAIRY ROAD  
City-St-Zip: LARGO, FL 33777

Title: SD ( ) Delete  
Name: BOSWORTH, LOIS  
Address: 7235 BRYAN DAIRY ROAD  
City-St-Zip: LARGO, FL 33777

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

Title: PD (X) Change ( ) Addition  
Name: MOSES, MICHAEL J II  
Address: 7235 BRYAN DAIRY ROAD  
City-St-Zip: LARGO, FL 33777

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

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

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: JAMES E. HEENAN

TD

04/30/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date