

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

30 MAY 11 AM 8:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K77707

(3)

1. Corporation Name

TOTAL LIFE CARE OF NAPLES, INC.

Principal Place of Business

Mailing Address

% JOSEPH M. STERLACCI
854 21ST AVE SOUTH
NAPLES FL 33940

% JOSEPH M. STERLACCI
854 21ST AVE SOUTH
NAPLES FL 33940

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/05/1989

3a. Date of Last Report

12/23/1994

4. FEI Number

65-0124691

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election to Carry Over Losses (e.g.,
Capital Loss Carryforwards)

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 190.03,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite Apt # etc

26 Suite Apt # etc

22 City & State

27 City & State

23 Zip

28 Zip

24 Country

29 Country

25

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STERLACCI, JOSEPH M.
854 21ST AVE SOUTH
NAPLES FL 33940

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 607.0505, Florida Statutes.

SIGNATURE

(Signature of person to be removed as registered agent and the corporation)

(Signature of Registered Agent, agent to be added after recording)

DATE

12. OFFICERS AND DIRECTORS

12.1

NAME

STREET ADDRESS

CITY, ST, ZIP

DP
STERLACCI, JOSEPH M.
854 21ST AVE SOUTH
NAPLES FL

12.2

NAME

STREET ADDRESS

CITY, ST, ZIP

12.3

NAME

STREET ADDRESS

CITY, ST, ZIP

12.4

NAME

STREET ADDRESS

CITY, ST, ZIP

12.5

NAME

STREET ADDRESS

CITY, ST, ZIP

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CITY, ST, ZIP

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CITY, ST, ZIP

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CITY, ST, ZIP

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CITY, ST, ZIP

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13.1

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CITY, ST, ZIP

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CITY, ST, ZIP

13.9

NAME

STREET ADDRESS

CITY, ST, ZIP

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(2)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 119, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or in an attachment, with an address.

SIGNATURE:

Joseph M. Sterlacci
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JOSEPH M. STERLACCI

PRESIDENT 03 MAY 95 8136196196
TOTAL LIFE CARE OF NAPLES, INC.