

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
May 29 1997 8:00am  
Secretary of State

|  |   |  |
|--|---|--|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br>1997 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Northam<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|--|

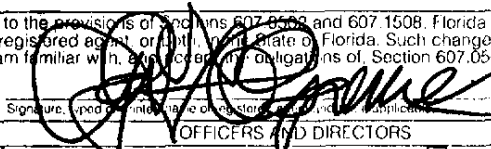
DOCUMENT # **L46986**  
1. Corporation Name  
**CAMELOT CARE CENTER OF DADE, INCORPORATED**

|  |  |
|--|--|
| Principal Place of Business<br><b>25268 S.W. 134th Avenue<br/>Miami, Florida 33032</b> | Mailing Address<br><b>25268 S.W. 134th Avenue<br/>Miami, Florida 33032</b> |
|--|--|

|   |                           |  |                           |   |   |
|---|---------------------------|--|---------------------------|---|---|
| 2. Principal Place of Business<br>21 <b>25268 S.W. 13th Avenue</b>  |                           | 2a. Mailing Address<br>26 <b>25268 S.W. 134th Avenue</b> |                           | 3. Date Incorporated or Qualified<br><b>2/2/90</b>  | 3a. Date of Last Report<br><b>11/4/96</b> |
| Suite, Apt. #, etc.<br>22 <b>Miami, Florida 33032</b>   |                           | Suite, Apt. #, etc.<br>27 <b>Miami, Florida 33032</b>    |                           | 4. FEI Number<br><b>59-3023660</b>  | Applied For<br>Not Applicable             |
| City & State<br>23 <b>Miami, Florida</b>  |                           | City & State<br>28 <b>Miami, Florida</b>                 |                           | 5. Certificate of Status Desired<br><input type="checkbox"/>  | <b>\$8.75 Additional<br/>Fee Required</b> |
| Zip<br>24 <b>33032</b>  | Country<br>25 <b>Dade</b> | Zip<br>29 <b>33032</b>                                   | Country<br>30 <b>Dade</b> | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>  | <b>\$5.00 May Be<br/>Added to Fees</b>    |
| 9. Name and Address of Current Registered Agent<br><b>John F. Cosgrove<br/>201 West Flagler Street<br/>Miami, Florida 33130</b> |                           |  |                           | 8. This corporation has liability for intangible tax under s. 199.032,<br>Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |   |

|   |                          |
|---|--------------------------|
| 10. Name and Address of New Registered Agent          |                          |
| 81 Name   |                          |
| 82 Street Address (P.O. Box Number is Not Acceptable) |                          |
| 83  |                          |
| 84 City   | 85 Zip Code<br><b>FL</b> |

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  DATE **5/21/97**

|                            |   |   |   |
|----------------------------|---|---|---|
| 12. OFFICERS AND DIRECTORS |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
| TITLE                      | <input type="checkbox"/> DELETE               | 11 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>President/Secretary/Treasurer/Director</b> | 12 NAME   |   |
| STREET ADDRESS             | <b>Mr. Jay Kapin</b>                          | 13 STREET ADDRESS                                     |   |
| CITY-ST-ZIP                | <b>25268 SW 134th Avenue</b>                  | 14 CITY-ST-ZIP  |   |
| TITLE                      | <input type="checkbox"/> DELETE               | 21 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>Director</b>                               | 22 NAME   |   |
| STREET ADDRESS             | <b>John F. Cosgrove</b>                       | 23 STREET ADDRESS                                     |   |
| CITY-ST-ZIP                | <b>2012 West Flagler Street</b>               | 24 CITY-ST-ZIP  |   |
| TITLE                      | <input type="checkbox"/> DELETE               | 31 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |   | 32 NAME   |   |
| STREET ADDRESS             |   | 33 STREET ADDRESS                                     |   |
| CITY-ST-ZIP                |   | 34 CITY-ST-ZIP  |   |
| TITLE                      | <input type="checkbox"/> DELETE               | 41 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |   | 42 NAME   |   |
| STREET ADDRESS             |   | 43 STREET ADDRESS                                     |   |
| CITY-ST-ZIP                |   | 44 CITY-ST-ZIP  |   |
| TITLE                      | <input type="checkbox"/> DELETE               | 51 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |   | 52 NAME   |   |
| STREET ADDRESS             |   | 53 STREET ADDRESS                                     |   |
| CITY-ST-ZIP                |   | 54 CITY-ST-ZIP  |   |
| TITLE                      | <input type="checkbox"/> DELETE               | 61 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |   | 62 NAME   |   |
| STREET ADDRESS             |   | 63 STREET ADDRESS                                     |   |
| CITY-ST-ZIP                |   | 64 CITY-ST-ZIP  |   |

14. I do 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  DATE **5/21/97** (305) 523-5313

CR2E034 (9/96)