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 # **M67406** **(2)**

1. Corporation Name

ADULT HEALTHCARE CORPORATION

Principal Place of Business	Mailing Address
12980 S.W. HWY. 484 DUNNELLON FL 34432 US	12980 S.W. HWY. 484 DUNNELLON FL 34432 US

2. Principal Place of Business 21 12980 S.W. Hwy 484	2a. Mailing Address 26 12980 S.W. Hwy 484
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Dunnellon, Fla. 34432	City & State 28 Dunnellon, Fla. 34432
Zip / Country 24 34432 / 25 Marion	Zip / Country 29 34432 / 30 Marion

3. Date Incorporated or Qualified 02/04/1988	3a. Date of Last Report 06/19/1995
4. FEI Number 59-2895574	Applied For ☐ Not Applicable ☐
5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

JOHNSEN, WALTER
10980 SW HWY. 484
DUNNELLON FL 34432

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 607.0505, Florida Statutes.

SIGNATURE _____ _____ _____
Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent's signature required for filing) — Date

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	JOHNSEN, WALTER		1.2 NAME		
STREET ADDRESS	~~8435 NW 46TH ST~~		1.3 STREET ADDRESS	12980 S.W. Hwy 484	
CITY-ST-ZIP	~~OCALA FL 34482~~		1.4 CITY-ST-ZIP	Dunnellon, Fla. 34432	
TITLE	D	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	JOHNSEN, DORIS L.		2.2 NAME		
STREET ADDRESS	~~8435 NW 46TH ST~~		2.3 STREET ADDRESS	12980 S.W. Hwy 484	
CITY-ST-ZIP	~~OCALA FL 34481~~		2.4 CITY-ST-ZIP	Dunnellon, Fla. 34432	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: _____ 4/25/96 352-465-0300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #