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FILED

May 13 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

12980 S.W. HWY. 484
DUNNELLON FL 34432
US

Mailing Address

12980 S.W. HWY. 484
DUNNELLON FL 34432
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/04/1988

4. FEI Number

59-2895574

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

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

DORIS L. JOHNSEN

82 Street Address (P.O. Box Number is Not Acceptable)

12980 S.W. HWY 484

83

84 City

DUNNELLON,

FL

85 Zip Code

34432

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 signature required when re-filing)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☒ DELETE

NAME JOHNSEN, WALTER
STREET ADDRESS 12980 S.W. HWY 484
CITY-ST-ZIP DUNNELLON FL

TITLE D ☐ DELETE

NAME JOHNSEN, DORIS L.
STREET ADDRESS 12980 S.W. HWY 484
CITY-ST-ZIP DUNNELLON FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VP ☐ Change ☐ Addition

1.2 NAME LEONARD W. JOHNSEN
1.3 STREET ADDRESS 10950 S.E. 62nd AVE.
1.4 CITY-ST-ZIP BELLEVUE, FL. 34420

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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:

Walter Johnson

4/28/98

352-265-0300

CR2E034 (10/97)