

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M67406

FILED
Jun 30, 2005
Secretary of State

Entity Name: ADULT HEALTHCARE CORPORATION

Current Principal Place of Business:

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

New Principal Place of Business:

1810 SE 16TH AVENUE
OCALA, FL 34471 US

Current Mailing Address:

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

New Mailing Address:

PO BOX 519
OCALA, FL 34478 US

FEI Number: 59-2895574

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNSEN, DORIS L
12980 SW HWY 484
DUNNELLON, FL 34432 US

Name and Address of New Registered Agent:

KAUFFMAN, JAY E
6526 CENTRAL AVENUE
ST PETERSBURG, FL 33707 US

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: JAY E. KAUFFMAN

06/30/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: JOHNSEN, LEONARD W
Address: 10950 SE 62ND AVE
City-St-Zip: BELLEVIEW, FL 34420

Title: D () Delete
Name: JOHNSEN, DORIS L.
Address: 12980 S.W. HWY 484
City-St-Zip: DUNNELLON, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: CELESTE, VINCENT P
Address: 4900 SE 102 PLACE LOT 40
City-St-Zip: BELLEVIEW, FL 34420

Title: P (X) Change () Addition
Name: JOHNSEN, PEDER
Address: 1811 SE 33RD LANE
City-St-Zip: OCALA, FL 34471

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: VINCENT P. CELESTE

VP

06/30/2005

Electronic Signature of Signing Officer or Director

Date