

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M67406

FILED
May 01, 2007
Secretary of State

Entity Name: ADULT HEALTHCARE CORPORATION

Current Principal Place of Business:

1810 SE 16TH AVENUE
OCALA, FL 34471 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 76509
SAINT PETERSBURG, FL 33734 US

New Mailing Address:

FEI Number: 59-2895574

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

Title: P () Delete
Name: JOHNSEN, PEDER
Address: 3220 SE 20TH AVENUE
City-St-Zip: OCALA, FL 34471

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: PEDER L. JOHNSEN

PRES

05/01/2007

Electronic Signature of Signing Officer or Director

Date