

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
May 12, 2004  
Secretary of State**

DOCUMENT# N02000004139

Entity Name: NORTH RIVER CARE, INC.

**Current Principal Place of Business:**

513 49 STREET E  
PALMETTO, FL 34221

**New Principal Place of Business:**

**Current Mailing Address:**

513 49 STREET E  
PALMETTO, FL 34221

**New Mailing Address:**

FEI Number: 01-0713126      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HARRISON, THOMAS W  
1206 MANATEE AVE W  
BRADENTON, FL 34205      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

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: MCFARLAND, PAMELA  
Address: 6505 WOOD POND DR  
City-St-Zip: BRADENTON, FL 34202

Title: D      ( ) Delete  
Name: BOBBITT, IRV  
Address: P O BOX 1511RD E  
City-St-Zip: ANNA MARIE, FL 34216

Title: D      ( ) Delete  
Name: SLAUGHTER, HUDSON  
Address: 823 LEFFINGWEL AVE  
City-St-Zip: ELLENTON, FL 34222

Title: D      ( ) Delete  
Name: PRITCHETT, LARRY  
Address: 415 49 STREET E  
City-St-Zip: PALMETTO, FL 34221

Title: D      (X) Delete  
Name: KILBURN, TANA  
Address: P O BOX 1941  
City-St-Zip: ONECO, FL 34264

Title: D      ( ) Delete  
Name: TEACHEY, LYNN  
Address: 905 24TH AVE. W.  
City-St-Zip: PALMETTO, FL 34221

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LARRY PRITCHETT

D

05/12/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date