

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



**FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS**

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAR 13 AM 11:16

DOCUMENT # N16918 (7)

1. Corporation Name

N.E. ALZHEIMER'S DAY CARE CENTER, INC.

Principal Place of Business

Mailing Address

**227 NW 2ND ST.
DEERFIELD BEACH FL 33441
US**

**227 NW 2ND ST.
DEERFIELD BEACH FL 33441
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/19/1986

3a. Date of Last Report

02/09/1994

4. FEI Number

59-2746841

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**

Trust Fund Contribution

7. Nonprofit with IRS 501(c)(3)

☐

**\$68.75 Supplemental
Fee Not Required**

Tax Exempt Status

8. This corporation has liability for intangible tax under S. 199.032,

Florida Statutes

☐ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WEINSTEIN, RALPH
2281 SW 15TH ST.
#142
DEERFIELD BEACH FL 33442**

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 signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
WEINSTEIN, RALPH
2281 SW 15TH ST. #142
DEERFIELD BCH. FL**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
☐ Change ☒ Addition
33441

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
RICKARD, MURIEL
150 NE 2ND ST.
DEERFIELD BCH. FL**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
☒ Change ☐ Addition
**D
Budd, Benjamin
1039 Berkshire B
Deerfield Beach, FL 33441**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
FOX, RAYMOND
1589 SW 21ST TERR.
DEERFIELD BCH. FL**

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ Change ☒ Addition
33441

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

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 110.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: RALPH WEINSTEIN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/95

Date

305-480-4448

Daytime Phone