


FILE NOW: FILING FEE IS \$61.25

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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N45345 1. Corporation Name ELDER CARE OF MANATEE, INC.					
Principal Place of Business 811 23RD AVENUE EAST BRADENTON FL 34208			Mailing Address 811 23RD AVENUE EAST BRADENTON FL 34208		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		09/27/1991	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		NOT APPLICABLE	
24 Country		30 Country		5. Certificate of Status Desired <input type="checkbox"/>	
				\$8.75 Additional Fee Required	
				6. Election Campaign Financing <input type="checkbox"/>	
				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ROSS, JANET J 423 63RD ST.,W. BRADENTON FL 34209				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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE		Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS							
TITLE	PD	<input type="checkbox"/> DELETE		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
NAME	KESTEN, MURRAY			1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS	6773 MANATEE AVE.,W.			1.2 NAME			
CITY-ST-ZIP	BRADENTON FL 34209			1.3 STREET ADDRESS			
TITLE	VPD	<input type="checkbox"/> DELETE		1.4 CITY-ST-ZIP			
NAME	BARR, KENNETH D			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS	5611 8TH AVE W			2.2 NAME			
CITY-ST-ZIP	BRADENTON FL			2.3 STREET ADDRESS			
TITLE	STD	<input type="checkbox"/> DELETE		2.4 CITY-ST-ZIP			
NAME	ROSS, JANET J			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS	423 63RD ST.,W.			3.2 NAME			
CITY-ST-ZIP	BRADENTON FL 34209			3.3 STREET ADDRESS			
TITLE	ED	<input type="checkbox"/> DELETE		3.4 CITY-ST-ZIP			
NAME	CAMPBELL ELLEN J.			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS	7807 18TH AVE. NW			4.2 NAME			
CITY-ST-ZIP	BRADENTON FL 34209			4.3 STREET ADDRESS			
TITLE		<input type="checkbox"/> DELETE		4.4 CITY-ST-ZIP			
NAME				5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS				5.2 NAME			
CITY-ST-ZIP				5.3 STREET ADDRESS			
TITLE		<input type="checkbox"/> DELETE		5.4 CITY-ST-ZIP			
NAME				6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS				6.2 NAME			
CITY-ST-ZIP				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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Ellen J. Campbell* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/99

Date

Daytime Phone #

CR2E037 (11/98)