

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****May 05, 2001 8:00 am**  
**Secretary of State**

05-05-2001 90707 001 \*\*\*211.50

**DOCUMENT # N95000002191**

1. Entity Name

**ADULT LIVING CARE OF FLORIDA, INC.**

44309



DO NOT WRITE IN THIS SPACE

Principal Place of Business P O BOX 232 ST PETERSBURG FL 33731		Mailing Address P O BOX 232 ST PETERSBURG FL 33731	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip		3. Mailing Address Suite, Apt. #, etc. City & State Zip	
Country		Country	
4. FEI Number 59-3159978		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent PRIVITERA, PETER J 447 3RD AVE NORTH SUITE 203 ST PETERSBURG FL 33701		7. Name and Address of New Registered Agent Name SANDRA GALLMAN Street Address (P.O. Box Number is Not Acceptable) 447 3rd Ave No Suite 203 City St Petersburg FL Zip Code 33701	
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8. 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 Sandra Gallman DATE 4/25/01

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRIVITERA, PETER J 447 3RD AVENUE NORTH SUITE 203 ST. PETERSBURG FL 33701 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRIVITERA, JAMES R MD 447 3RD AVENUE NORTH SUITE 203 ST. PETERSBURG FL 33701 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GALLMAN, SANDRA J 447 3RD AVENUE NORTH SUITE 203 ST. PETERSBURG FL 33701 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Sandra Gallman DATE 4/25/01 727 822 7999

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/00)