

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N95000002191**

1. Entity Name

**ADULT LIVING CARE OF FLORIDA, INC.****FILED****May 12, 2002 8:00 am**  
**Secretary of State**

05-12-2002 90623 015 \*\*\*\*61.25

Principal Place of Business

Mailing Address

**P O BOX 232**  
**ST PETERSBURG FL 33731****P O BOX 232**  
**ST PETERSBURG FL 33731**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-3159978**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****GALLMAN, SANDRA**  
**447 3RD AVE NORTH**  
**SUITE 203**  
**ST PETERSBURG FL 33701**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

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: **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**SANDRA GALLMAN**

Date

Daytime Phone #

**4-24-02 822-7999**

CR2E037 (9/01)