


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 25 1997 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N96000001278 (8)**

1. Corporation Name

**ROME APARTMENTS, INC.**



Principal Place of Business

Mailing Address

**5707 NORTH 22ND STREET  
TAMPA FL 33610**

**5707 NORTH 22ND STREET  
TAMPA FL 33610-4350**

3. Date Incorporated or Qualified  
**03/04/1996**

3a. Date of Last Report

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

4. FEL Number

**59-3367808**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution

☐

**\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MENTAL HEALTH CARE, INC.  
5707 NORTH 22ND STREET  
TAMPA FL 33610**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE  
NAME **CHOATE, ROBERT COL.**  
STREET ADDRESS **2405 CAROLINA AVENUE**  
CITY-ST-ZIP **TAMPA FL 33629**

1.1 TITLE **PD** ☐ Change ☒ Addition  
1.2 NAME **Gillette, Donald**  
1.3 STREET ADDRESS **1006 N. Armenia Avenue**  
1.4 CITY-ST-ZIP **Tampa, FL 33607**

TITLE **D** ☐ DELETE  
NAME **HOWARD, DALE**  
STREET ADDRESS **CENTURY 21/LINK REALTY, 1905 E BAKER ST #2**  
CITY-ST-ZIP **PLANT CITY FL 33567**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **MELLAN, WILLIAM A DR.**  
STREET ADDRESS **HCC- ADMINIST., P O BOX 31127 N/A**  
CITY-ST-ZIP **TAMPA FL 33631**

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

TITLE **D** ☐ DELETE  
NAME **PARSONS, SALLY**  
STREET ADDRESS **908 BRUCE STREET**  
CITY-ST-ZIP **TAMPA FL 33606**

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

TITLE **D** ☐ DELETE  
NAME **BARRON, ELIZABETH**  
STREET ADDRESS **3325 BAYSHORE BL., SUITE F-34**  
CITY-ST-ZIP **TAMPA FL 33629**

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

TITLE **D** ☐ DELETE  
NAME **THOMAS, GEORGE PH.D.**  
STREET ADDRESS **11405 ORILA DEL RIO PLACE**  
CITY-ST-ZIP **TAMPA FL 33617**

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

14. I do 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.

**SIGNATURE: Donald Gillette, Chairman of the Board**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-28-97

(813) 237-3914

CR2E037 (9/96)