2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2009
Secretary of State

DOCUMENT# N96000001278

Entity Name: ROME APARTMENTS, INC.

Current Principal Place of Business:

5707 NORTH 22ND STREET
TAMPA, FL 33610

New Principal Place of Business:

Current Mailing Address:

5707 NORTH 22ND STREET
TAMPA, FL 33610

New Mailing Address:

FEI Number: 59-3367808 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: CHOATE, ROBERT COL
Address: 2866 BAYSHORE TRAILS DR
City-St-Zip: TAMPA, FL 33611

Title: STD ( ) Delete
Name: BALLAS, ED
Address: 12382 143RD ST
City-St-Zip: LARGO, FL 33774

Title: D ( ) Delete
Name: RICE, JULIAN I
Address: 5707 N. 22ND STREET
City-St-Zip: TAMPA, FL 33610

Title: D ( ) Delete
Name: TABOR, SANDRA
Address: 5707 N. 22ND ST.
City-St-Zip: TAMPA, FL 33610

Title: D ( ) Delete
Name: BARRON, ELIZABETH
Address: 3325 BAYSHORE BL., SUITE F-34
City-St-Zip: TAMPA, FL 33629

Title: D ( ) Delete
Name: MASSOLIO, JOHN
Address: 3403 FOREST BRIDGE CIR
City-St-Zip: BRANDON, FL 33511

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: HANNA, SANDRA
Address: 5707 N. 22ND ST.
City-St-Zip: TAMPA, FL 33610

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT CHOATE PD 01/07/2009

Electronic Signature of Signing Officer or Director — Date