2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 18, 2002
Secretary of State

DOCUMENT# N96000005197

Entity Name: ALZHEIMER'S COMMUNITY CARE, INC.

Current Principal Place of Business:

800 NORTHPOINT PARKWAY
SUITE 101-B
WEST PALM BEACH, FL 33407

New Principal Place of Business:

Current Mailing Address:

800 NORTHPOINT PARKWAY
SUITE 101-B
WEST PALM BEACH, FL 33407

New Mailing Address:

FEI Number: 31-1481653 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MCCRACKEN, JOHN B
505 SOUTH FLAGLER DRIVE
SUITE 1100
WEST PALM BEACH, FL 33401

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:	D	( ) Delete
Name:	SHALLOWAY, G M	
Address:	118 SATINWOOD LANE	
City-St-Zip:	PALM BEACH GARDENS, FL 33410	
Title:	D	( ) Delete
Name:	KROLL, FRED	
Address:	11289 PIPING ROCK DRIVE	
City-St-Zip:	BOYNTON BEACH, FL	
Title:	DT	( ) Delete
Name:	GREGORY, JAMES FRAGAKIS	
Address:	1120 ELIZABETH AVE	
City-St-Zip:	WEST PALM BEACH, FL	
Title:	DP	( ) Delete
Name:	MCCRACKEN, JOHN B	
Address:	505 SOUTH FLAGLER DRIVE, SUITE 1100	
City-St-Zip:	WEST PALM BEACH, FL 33401	
Title:	D	( ) Delete
Name:	WOLF, AUDREY	
Address:	6627 OVERLAND DRIVE	
City-St-Zip:	DELRAY BEACH, FL 33484	
Title:	D	( ) Delete
Name:	JONES, GASTON	
Address:	1100 SW SHORELINE DR, APT 308	
City-St-Zip:	PALM CITY, FL 34990	

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:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 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 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: MCCRACKEN, JOHN B DP 07/18/2002

Electronic Signature of Signing Officer or Director — Date

PATRICIA TRACY, DIRECTOR
244 NIGHTINGALE TRAIL
PALM BEACH, FL 33480

DR. RICHARD M CROMIE, DIRECTOR
225 JAMAICA LANE
PALM BEACH, FL 33484

LARRY E BUTCHER, DIRECTOR
1716 NW FORK ROAD
STUART, FL 34994

ELLEN WARNER, DIRECTOR
AGELESS DESIGN
12633 159TH CT. NORTH
JUPITER, FL 33478

RANDY JOHNSON, DIRECTOR
1900 W. 23RD STREET
RIVIERA BEACH, FL 33404

GERALD CHURCH, SECRETARY
2575 SOUTH OCEAN BLVD, #310
HIGHLAND BEACH, FL 33487