2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N96000005197

Entity Name: ALZHEIMER'S COMMUNITY CARE, INC.

FILED Feb 25, 2003 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:	
SUITE 101-	HPOINT PARK -B .M BEACH, FL				
Current Mailing Address:			New Maili	New Mailing Address:	
800 NORTHPOINT PARKWAY SUITE 101-B WEST PALM BEACH, FL 33407					
FEI Number:	31-1481653	FEI Number Applied For ()	FEI Number Not Appl	licable () Certificate of Status Desired (X)	
Name and	Address of C	urrent Registered Agent:	Name and	Address of New Registered Agent:	
505 SOUTI SUITE 110 WEST PAL	.M BEACH, FL named entity s	33401	urpose of changing i	ts registered office or registered agent, or both,	
SIGNATURE: Electronic Signature of Registered Agent			nt	Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	SHALLOWAY, G 118 SATINWOO		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () KROLL, FRED 11289 PIPING R BOYNTON BEAG		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DT () GREGORY, JAM 1120 ELIZABET WEST PALM BE	H AVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MCCRACKEN, J	GLER DRIVE, SUITE 1100	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () WOLF, AUDREY 6627 OVERLAN DELRAY BEACH	D DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	JONES, GASTO	ELINE DR, APT 308	Title: Name: Address: City-St-Zip:	D (X) Change () Addition CHURCH, GERALD P. E. 2575 S. OCEAN BLVD., #310 HIGHLAND BEACH, FL 33487	

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: JOHN MCCRACKEN DP 02/25/2003

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

DR. RICHARD M. CROMIE, DIRECTOR 225 JAMAICA LANE PALM BEACH, FL 33480

ELLEN S. WARNER 12633 159TH COURT, NORTH JUPITER, FL 33478

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

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

JESSE NEWMAN, DIRECTOR 251 SOUTH COUNTY PALM BEACH, FL 33480