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NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000005459

1. Corporation Name

KIDS AND ADULTS FOR COMMUNITY HEALTH, INC.

Principal Place of Business	Mailing Address
1800 SECOND ST., STE. 850 SARASOTA FL 34236	1800 SECOND ST., STE. 850 SARASOTA FL 34236

[redacted]

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26 3255 Pine Valley Dr	09/24/1997
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0789650 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28 SARASOTA, FL	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
Zip / Country 24 25	Zip / Country 29 34239 30	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MORAN, MICHAEL 1800 SECOND ST., STE. 850 SARASOTA FL 34236	81 Name BEVERLY RAYFIELD 82 Street Address (P.O. Box Number is Not Acceptable) 3255 Pine Valley Dr 83 84 City SARASOTA FL 85 Zip Code 34239

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 BEVERLY RAYFIELD Beverly Rayfield 1/6/99
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D RAYFIELD, F 3255 PINE VALLEY DR. SARASOTA FL 34239	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	RAYFIELD, B	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WELCH, AMY 3255 PINE VALLEY DR. SARASOTA FL 34239	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	D BARNES, error	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FRIDSHAL, J 1800 2ND ST SARASOTA FL 34236	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	D TAYLOR, DOROTHY 60065 CANAL Rd Orange Beach, AL 36561	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BARNES, WL Error CANAL Rd ORANGE BEACH, AL 36561	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

14. 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 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 1/6/99 941-922-0798
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)