


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 17, 1999 8:00 am**  
**Secretary of State**

03-17-1999 90065 004 \*\*\*\*70.00

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N98000001983</b>					
1. Corporation Name <b>EAST COAST COMMUNITY CARE CENTER, INC.</b>					
Principal Place of Business <b>680 N. COURTENAY PARKWAY MERRITT ISLAND FL 32952</b>			Mailing Address <b>680 N. COURTENAY PARKWAY MERRITT ISLAND FL 32952</b>		



2. Principal Place of Business 21 <b>670 N Courtenay Pkwy</b> Suite, Apt. #, etc. 22 <b>Suite 2</b> City & State 23 <b>Merritt Island FL</b> Zip Country 24 <b>32953</b> 25 <b>USA</b>		2a. Mailing Address 26 <b>680 N. Courtenay Pkwy</b> Suite, Apt. #, etc. 27 City & State 28 <b>Merritt Is, FL</b> Zip Country 29 <b>32953</b> 30 <b>USA</b>		3. Date Incorporated or Qualified <b>04/03/1998</b>	
4. FEI Number <b>59-3528152</b>		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		5.00 May Be Added to Fees			

9. Name and Address of Current Registered Agent <b>ELLIS, DAVID P 680 N. COURTENAY PARKWAY MERRITT ISLAND FL 32952</b>				10. Name and Address of New Registered Agent			
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)			
83				84 City			
				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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	NAME	STALLBAUM, DANIEL C	1.1 TITLE	PD	1.2 NAME	STALLBAUM, DANIEL C
STREET ADDRESS	967 BAYWARD LANE	CITY-ST-ZIP	ROCKLEDGE FL 32955	1.3 STREET ADDRESS	1605 Sunpointe PIKE	1.4 CITY-ST-ZIP	Merritt Is., FL 32952
TITLE	VPD	NAME	GOOLSBY, RAY	2.1 TITLE		2.2 NAME	
STREET ADDRESS	2808 KENYON AVE.	CITY-ST-ZIP	COCOA FL 32922	2.3 STREET ADDRESS		2.4 CITY-ST-ZIP	
TITLE	SD	NAME	PARTIN, ERIC	3.1 TITLE	SD	3.2 NAME	PARTIN, ERIC
STREET ADDRESS	971 DAYTONA ST.	CITY-ST-ZIP	COCOA FL 32927	3.3 STREET ADDRESS	967 BAYWARD LANE	3.4 CITY-ST-ZIP	ROCKLEDGE, FL 32955
TITLE	TD	NAME	ELLIS, DAVID P	4.1 TITLE		4.2 NAME	
STREET ADDRESS	435 S. COURTENAY PARKWAY	CITY-ST-ZIP	MERRITT ISLAND FL 32952	4.3 STREET ADDRESS		4.4 CITY-ST-ZIP	
TITLE		NAME		5.1 TITLE		5.2 NAME	
STREET ADDRESS		CITY-ST-ZIP		5.3 STREET ADDRESS		5.4 CITY-ST-ZIP	
TITLE		NAME		6.1 TITLE		6.2 NAME	
STREET ADDRESS		CITY-ST-ZIP		6.3 STREET ADDRESS		6.4 CITY-ST-ZIP	

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: Daniel Stallbaum RE-DAVID P. ELLIS 3-17-99 407-452-1060  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/1/98)