

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001950

Entity Name: AMERICAN LIFECARE, INC.

FILED  
Jan 13, 2004  
Secretary of State

## Current Principal Place of Business:

10481 SE BANYAN WAY  
TEQUESTA, FL 33469

## New Principal Place of Business:

2487 MONACO TERRACE  
PALM BEACH GARDENS, FL 33410

## Current Mailing Address:

10481 SE BANYAN WAY  
TEQUESTA, FL 33469

## New Mailing Address:

2487 MONACO TERRACE  
PALM BEACH GARDENS, FL 33410

FEI Number: 65-0927649

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

STEVENS, W.JAMES  
10481 SE BANYAN WAY  
TEQUESTA, FL 33469

## Name and Address of New Registered Agent:

STEVENS, W.JAMES  
2487 MONACO TERRACE  
PALM BEACH GARDENS, FL 33410

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:

01/13/2004

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: STEVENS, W.JAMES  
Address: 10481 SE BANYAN WAY  
City-St-Zip: TEQUESTA, FL 33469

Title: D ( ) Delete  
Name: DYER, SUSAN  
Address: 10481 SE BANYAN WAY  
City-St-Zip: TEQUESTA, FL 33469

Title: D ( ) Delete  
Name: STEVENS, MATTHEW K  
Address: 10481 SE BANYAN WAY  
City-St-Zip: TEQUESTA, FL 33469

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: STEVENS, W.JAMES  
Address: 2487 MONACO TERRACE  
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: D (X) Change ( ) Addition  
Name: DYER, SUSAN  
Address: 2487 MONACO TERRACE  
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: D (X) Change ( ) Addition  
Name: STEVENS, MATTHEW K  
Address: 2487 MONACO TERRACE  
City-St-Zip: PALM BEACH GARDENS, FL 33410

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: W. JAMES STEVENS

P

01/13/2004

Electronic Signature of Signing Officer or Director

Date