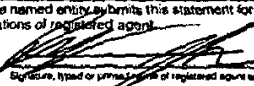


FILED
Jun 03, 2004 8:00 am
Secretary of State

05-04-2004 90142 017 ***150.00

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000069204					
1. Entity Name ADULT HEALTHCARE MANAGEMENT SERVICES, INC.					
Principal Place of Business 3056 SW 41ST LANE OCALA, FL 34474			Mailing Address 3056 SW 41ST LANE OCALA, FL 34474		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
City		Country		4. FEI Number 59-2895574	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent JOHNSON, PEDER 3056 SW 41ST LANE OCALA, FL 34474				7. Name and Address of New Registered Agent	
Name				Name	
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)	
City				City	
FL				Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE  DATE 4-29-04					
NOTE: Registered Agent signature required when reappointing					
FILE NOW! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
PO	JOHNSON, PEDER	7770 N.W. 58TH PLACE	OCALA, FL 34482	☐ Change ☐ Addition	
VD	CLIFFORD, ELLEN	1813 N.W. 37TH STREET	OCALA, FL 34475	☐ Change ☐ Addition	
VD	BARI, LORRAINE	3240 S.W. 34TH STREET	OCALA, FL 34474	☐ Change ☐ Addition	
				☐ Change ☐ Addition	
				☐ Change ☐ Addition	
				☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment to this report, with all other like empowered.					
SIGNATURE  DATE 4-29-04 J52-266-1291					
NOTE: Signature and typed or printed name of Secretary, Officer or Director					