

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000071604

FILED  
Mar 31, 2009  
Secretary of State

Entity Name: ADULT DAY SERVICES OF FLORIDA INC

## Current Principal Place of Business:

4180 MINTON RD  
W. MELBOURNE, FL 32904

## New Principal Place of Business:

## Current Mailing Address:

4180 MINTON RD  
W. MELBOURNE, FL 32904

## New Mailing Address:

FEI Number: 26-3093500

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PRESTON, RICHARD  
4180 MINTON RD  
W MELBOURNE, FL 32904 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: PRESTON, RICHARD  
Address: 4180 MINTON RD  
City-St-Zip: W. MELBOURNE, FL 32904

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D ( ) Change (X) Addition  
Name: PRESTON, DANIEL R  
Address: 4180 MINTON RD  
City-St-Zip: WEST MELBOURNE, FL 32904

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DANIEL PRESTON

D

03/31/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date