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FILED
Mar 19 1998 8:00am
Secretary of State

**PROFIT
CORPORATION
ANNUAL REPORT
1998**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P39889 (1)
1. Corporation Name
TURNING POINT CARE CENTER, INC.

Principal Place of Business

**319 EAST BY PASS
PO BOX 117
MOULTRIE GA 31768
US**

Mailing Address

**367 S GULPH ROAD
PO BOX 31558
KING OF PRUSSIA PA 19406-0958
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/27/1992

4. FEI Number

58-1534607

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **DCP**
STREET ADDRESS **MILLER, ALAN B.**
CITY-ST-ZIP **367 SOUTH GULPH RD.**
KING OF PRUSSIA PA

TITLE ☐ DELETE
NAME **DV**
STREET ADDRESS **BENDER, THOMAS J.**
CITY-ST-ZIP **367 SOUTH GULPH RD.**
KING OF PRUSSIA PA

TITLE ☐ DELETE
NAME **VP**
STREET ADDRESS **FILTON, STEVE**
CITY-ST-ZIP **367 SOUTH GULPH ROAD**
KING OF PRUSSIA PA

TITLE ☐ DELETE
NAME **S**
STREET ADDRESS **GILBERT, BRUCE R.**
CITY-ST-ZIP **367 SOUTH GULPH RD.**
KING OF PRUSSIA PA

TITLE ☐ DELETE
NAME **TD**
STREET ADDRESS **GORMAN, KIRK E**
CITY-ST-ZIP **367 SOUTH GULPH ROAD**
KING OF PRUSSIA PA

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

Bruce R. Gilbert
SECRETARY

2/2/98

(1112) 218-2300

CF2E034 (1097)