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FILED
Jun 10 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P92000004629 (1)

1. Corporation Name
ROSS GROVE CARE, INC.

Principal Place of Business

4325 2ND ST.
VERO BEACH FL 32908
US

Mailing Address

P.O. BOX 2112
VERO BEACH FL 32961-2112
US

2. Principal Place of Business

21 128 43 RD AVENUE

Suite, Apt. #, etc.

22 City & State

23 VERO BEACH FL

24 32908

25 IND. RIV.

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

3. Date Incorporated or Qualified
11/09/1992

3a. Date of Last Report
02/06/1996

4. FEI Number

59-3151220

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 has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

VEY, JOHN E
1835 EAST SANDPOINTE LANE
VERO BEACH FL 32963

10. Name and Address of New Registered Agent

81 Name

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

4400 62ND COURT

83

84 City

VERO BEACH

FL

85 Zip Code

32967

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
ROSS, DAVID M
STREET ADDRESS
46 49TH AVENUE
CITY-ST-ZIP
VERO BEACH FL

TITLE ☐ DELETE

NAME
VEY, PATRICIA R
STREET ADDRESS
1835 EAST SANDPOINTE LANE
CITY-ST-ZIP
VERO BEACH FL 32963

TITLE ☐ DELETE

NAME
VEY, JOHN E
STREET ADDRESS
1835 EAST SANPOINTE LANE
CITY-ST-ZIP
VERO BEACH FL 32963

TITLE ☐ DELETE

NAME
ROSS, LYNN S
STREET ADDRESS
46 49TH AVENUE
CITY-ST-ZIP
VERO BEACH FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 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 do 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 *[Signature]* DATE *4/2/97* 5/1 329-1114

CR2E034 (9/96)