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PROFIT CORPORATION ANNUAL REPORT 1997



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

FILED  
May 16 1997 8:00am  
Secretary of State

DOCUMENT # P93000006308 (9)

1. Corporation Name  
9 TO 3 ADULT DAY SERVICE, INC.

Principal Place of Business

920 51ST ST. W.  
BRADENTON FL 34209

Mailing Address

920 51ST ST. W.  
BRADENTON FL 34209 4256

2. Principal Place of Business

21 | Suite, Apt. #, etc.

22 | City & State

23 | Zip Country

24 | 25 |

2a. Mailing Address

26 | Suite, Apt. #, etc

27 | City & State

28 | Zip Country

29 | 30 |

9. Name and Address of Current Registered Agent

PEARSON, ROBERT E  
119-51 STREET  
HOLMES BEACH FL 34217

81 | Name

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

83 | 119-46 STREET

84 | City

85 | Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 *Robert E. Pearson*  
Signature of Registered Agent (Required if changing registered agent)

DATE *4-28-97*  
Date of Appointment (Required if changing registered agent)

DATE

12. OFFICERS AND DIRECTORS

TITLE [ ] DELETED

NAME PEARSON, ROBERT E  
STREET ADDRESS 6801 GULF DR., #B  
CITY- ST- ZIP HOLMES BEACH FL  
VS

TITLE [ ] DELETED

NAME PEARSON, JANET P  
STREET ADDRESS 6801 GULF DR., #B  
CITY- ST- ZIP HOLMES BEACH FL

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE VT  Change [ ] Addition

12 NAME 119-46 STREET #1A

13 STREET ADDRESS

14 CITY- ST- ZIP PS  Change [ ] Addition

15 NAME 119-46 STREET #1A

16 STREET ADDRESS

17 CITY- ST- ZIP [ ] Change [ ] Addition

18 TITLE [ ] Change [ ] Addition

19 NAME [ ] Change [ ] Addition

20 STREET ADDRESS [ ] Change [ ] Addition

21 CITY- ST- ZIP [ ] Change [ ] Addition

22 TITLE [ ] Change [ ] Addition

23 NAME [ ] Change [ ] Addition

24 STREET ADDRESS [ ] Change [ ] Addition

25 CITY- ST- ZIP [ ] Change [ ] Addition

26 TITLE [ ] Change [ ] Addition

27 NAME [ ] Change [ ] Addition

28 STREET ADDRESS [ ] Change [ ] Addition

29 CITY- ST- ZIP [ ] Change [ ] Addition

14. I do 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 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.

*Robert E. Pearson* ROBERT E. PEARSON/4-22-97 (901)790-1814

CR2004 (9/96)