

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Mar 31, 1999 8:00 am**  
**Secretary of State**

03-31-1999 90034 010 \*\*\*158.75

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P93000006308**

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
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DO NOT WRITE IN THIS SPACE

21. Principal Place of Business Suite, Apt. #, etc. 22. City & State 23. Zip Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip Country
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3. Date Incorporated or Qualified <b>01/26/1993</b>	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number <b>65-0384531</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> * <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**PEARSON, ROBERT E**  
**2704 67TH STREET WEST**  
**BRADENTON FL 34209**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)  
**920-51 ST STREET WEST**

83.

84. City **BRADENTON** FL 85. Zip Code **34209**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VT <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEARSON, ROBERT E	1.2 NAME	
STREET ADDRESS	2704 67TH STREET WEST	1.3 STREET ADDRESS	<b>920-51 ST STREET WEST</b>
CITY-ST-ZIP	BRADENTON FL 34209	1.4 CITY-ST-ZIP	<b>BRADENTON FL 34209</b>
TITLE	PS <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEARSON, JANET P	2.2 NAME	
STREET ADDRESS	2704 67TH STREET WEST	2.3 STREET ADDRESS	<b>920-51 ST STREET WEST</b>
CITY-ST-ZIP	BRADENTON FL 34209	2.4 CITY-ST-ZIP	<b>BRADENTON FL 34209</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: *Robert E Pearson* **REQUIRED** Mar 25, 1999  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (1/98)