FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

95 MAY 10 AM 10:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000071564 (7)

1. Corporate Name

MARCO ISLAND ADULT FOSTER CARE, INC.

Principal Place of Business: 367 NORTH COLLIER BLVD, MARCO ISLAND FL 33937

Mailing Address: 367 NORTH COLLIER BLVD. MARCO ISLAND FL 33937

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/07/1993

3a. Date of Last Report: 05/01/1994

4. FEI Number: 65-0484863 — Applied For / Not Applicable

2. Principal Office — 21, 22 Suite, Apt. #, etc., 23 City & State, 24 Zip, 25 Country

2a. Mailing Address — 26, 27 Suite, Apt. #, etc., 28 City & State, 29 Zip, 30 Country

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

HAUSLER, GARY J ESQ.
601 ELKCAM CIRCLE
STE. B-3
MARCO ISLAND FL 33937

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

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	MULLIGAN, SARA A
STREET ADDRESS	1004 MANATEE ROAD STE. 303
CITY-ST-ZIP	NAPLES FL 33961
TITLE	D
NAME	MULLIGAN, L J JR.
STREET ADDRESS	1004 MANATEE ROAD STE. 303
CITY-ST-ZIP	NAPLES FL 33961
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 of the report or on an attachment with an address.

SIGNATURE: L J Mulligan Owner Pres 5/5/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE

0324896 CP