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Mar 14, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000071564

1. Corporation Name

MARCO ISLAND ADULT FOSTER CARE, INC.

Principal Place of Business

~~650 N. COLLIER BLVD.~~
~~#202~~
~~MARCO ISLAND FL 34145~~

Mailing Address

~~650 N. COLLIER BLVD.~~
~~#202~~
~~MARCO ISLAND FL 34145~~


DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/07/1993

4. FEI Number

35-0484763

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 the current year Intangible Personal Property Tax.

☐

Yes

☐

No

2. Principal Place of Business

21 Suite, Apt. #, etc. 103

22 5801 Pelican Bay Blvd

23 Naples, FL

24 Zip 34108

25 Country USA

2a. Mailing Address

26 5801 Pelican Bay Blvd #103

27 Suite, Apt. #, etc. Naples, FL

28 City & State 34108

29 Zip

30 Country

9. Name and Address of Current Registered Agent

~~HAUSLER, GARY J ESQ.~~
~~650 N. COLLIER BLVD.~~
~~#202~~
~~MARCO ISLAND FL 34145~~

10. Name and Address of New Registered Agent

81 Name

Daniel P. Pech

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

Suite 103

83

5801 Pelican Bay Boulevard

84 City

Naples

FL

85 Zip Code

34108

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

3/27/99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D

STREET ADDRESS MULLIGAN, SARA A

CITY-ST-ZIP 1004 MANATEE ROAD STE. 303

NAPLES FL 33961

TITLE ☐ DELETE

NAME D

STREET ADDRESS MULLIGAN, L J JR.

CITY-ST-ZIP 1004 MANATEE ROAD STE. 303

NAPLES FL 33961

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)