

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED

Apr 15 1996 8:00 am

Secretary of State

DOCUMENT # P93000088793 (3)

1. Corporation Name

ADULT CARE MANAGEMENT CORPORATION



Principal Place of Business

311 PARK PLACE BLVD
SUITE 225
CLEARWATER FL 34619

Mailing Address

311 PARK PLACE BLVD
SUITE 225
CLEARWATER FL 34619

3. Date Incorporated or Qualified
12/30/1993

3a. Date of Last Report
02/27/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

4. FEI Number

59-3216444

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

10. Name and Address of New Registered Agent

LOMBARDI, RITA A
311 PARK PLACE BLVD
SUITE 225
CLEARWATER FL 34619

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

Signature, typed or printed name of registered agent and date of filing

Signature, typed or printed name of new registered agent and date of filing

DATE

12. OFFICERS AND DIRECTORS

TITLE VD
NAME PIAZZA, ROSEMARY E
STREET ADDRESS 311 PARK PLACE BLVD SUITE 225
CITY-ST-ZIP CLEARWATER FL

☐ DELETE

TITLE PD
NAME PIAZZA, STEVEN A.
STREET ADDRESS 311 PARK PALCE BLVD, STE 225
CITY-ST-ZIP CLEARWATER FL

☐ DELETE

TITLE VPS
NAME LOMBARDI, RITA A
STREET ADDRESS 311 PARK PLACE BLVD., STE 225
CITY-ST-ZIP CLEARWATER FL

☐ DELETE

TITLE VPD
NAME PIAZZA, JR. J
STREET ADDRESS 311 PARK PLACE BLVD SUITE 225
CITY-ST-ZIP CLEARWATER FL

☐ DELETE

TITLE VPT
NAME LIGUORI, JERRY A.
STREET ADDRESS 311 PARK PLACE BLVD SUITE 225
CITY-ST-ZIP CLEARWATER FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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)(k), 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/96 (813) 726-3310
Daytime Phone #

CR2E034 (12/95)