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Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000088793

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~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/30/1993

2. Principal Place of Business

21 430 Park Place Blvd.
Suite, Apt. #, etc.

2a. Mailing Address

26 430 Park Place Blvd.
Suite, Apt. #, etc.

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 owes the current year Intangible
Personal Property Tax. ☐ 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

Rita A. Lombardi

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

430 Park Place Blvd.

83

Suite 600

84

City
Clearwater

FL

85 Zip Code

33759

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

Rita A. Lombardi
Signature, typed or printed name of registered agent and title if applicable

Rita A. Lombardi

2/8/99

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **VD**
1.3 STREET ADDRESS **Rosemary E. Piazza**
1.4 CITY-ST-ZIP **430 Park Place Blvd., Ste. 600**
Clearwater, FL 33759

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

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **P**
2.3 STREET ADDRESS **Steven A. Piazza**
2.4 CITY-ST-ZIP **430 Park Place Blvd., Ste. 600**
Clearwater, FL 33759

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

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **VPS**
3.3 STREET ADDRESS **Rita A. Lombardi**
3.4 CITY-ST-ZIP **430 Park Place Blvd., Ste. 600**
Clearwater, FL 33759

TITLE ☐ DELETE
NAME **PD**
STREET ADDRESS **PIAZZA SR, JOHN J**
CITY-ST-ZIP **311 PARK PLACE BLVD SUITE 225**
CLEARWATER FL

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME **CD**
4.3 STREET ADDRESS **John J. Piazza, Sr.**
4.4 CITY-ST-ZIP **430 Park Place Blvd., Ste. 600**
Clearwater, FL 33759

TITLE ☐ DELETE
NAME **VD**
STREET ADDRESS **VINCENT J. LENTINI**
CITY-ST-ZIP **430 PARK PLACE BLVD., STE. 600**
CLEARWATER, FL 33759

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME **VD**
5.3 STREET ADDRESS **Vincent J. Lentini**
5.4 CITY-ST-ZIP **430 Park Place Blvd., Ste. 600**
Clearwater, FL 33759

TITLE ☐ DELETE
NAME
STREET ADDRESS
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:

Rita A. Lombardi
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rita A. Lombardi

Date

2/8/99

Daytime Phone #

(727) 793-9300

CR2E034 (1/98)