
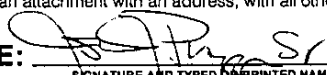


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90162 020 ***150.00

DOCUMENT # P93000088793													
1. Entity Name ADULT CARE MANAGEMENT CORPORATION													
Principal Place of Business 13777 BELCHER RD LARGO, FL 33771 US			Mailing Address 13777 BELCHER RD LARGO, FL 33771 US										
2. Principal Place of Business - No P.O. Box #		3. Mailing Address											
Suite, Apt. #, etc.		Suite, Apt. #, etc.											
City & State		City & State		4. FEI Number 59-3216444									
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required									
6. Name and Address of Current Registered Agent PIAZZA, JOHN J SR 13777 BELCHER ROAD SOUTH LARGO, FL 33771			7. Name and Address of New Registered Agent <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td colspan="2" style="padding: 2px;">Name</td></tr> <tr><td colspan="2" style="padding: 2px;">Street Address (P.O. Box Number is Not Acceptable)</td></tr> <tr><td colspan="2" style="padding: 2px;"> </td></tr> <tr> <td style="padding: 2px;">City</td> <td style="padding: 2px;">FL Zip Code</td> </tr> </table>			Name		Street Address (P.O. Box Number is Not Acceptable)				City	FL Zip Code
Name													
Street Address (P.O. Box Number is Not Acceptable)													
City	FL Zip Code												
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.													
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>													
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees											
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11										
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition									
NAME	PIAZZA, JOHN J SR		NAME										
STREET ADDRESS	13777 BELCHER RD		STREET ADDRESS										
CITY-ST-ZIP	LARGO, FL 33771		CITY-ST-ZIP										
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition									
NAME	LOMBARDI, RITA A		NAME										
STREET ADDRESS	13777 BELCHER RD S.		STREET ADDRESS										
CITY-ST-ZIP	LARGO, FL 33771		CITY-ST-ZIP										
TITLE	VPT-	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition									
NAME	LENTINI, VINCENT J		NAME										
STREET ADDRESS	13777 BELCHER RD S.		STREET ADDRESS										
CITY-ST-ZIP	LARGO, FL 33771		CITY-ST-ZIP										
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition									
NAME	PIAZZA, ROSEMARY E		NAME										
STREET ADDRESS	13777 BELCHER RD S.		STREET ADDRESS										
CITY-ST-ZIP	LARGO, FL 33771		CITY-ST-ZIP										
TITLE	VPF	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition									
NAME	BARNES, TIM		NAME										
STREET ADDRESS	13777 BELCHER RD S		STREET ADDRESS										
CITY-ST-ZIP	LARGO, FL 33771		CITY-ST-ZIP										
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition									
NAME			NAME										
STREET ADDRESS			STREET ADDRESS										
CITY-ST-ZIP			CITY-ST-ZIP										
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.													
SIGNATURE: 			John J. Piazza, Sr. 2/25/2008 727-726-3310 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>										