

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000088793

FILED
Feb 11, 2011
Secretary of State

Entity Name: ADULT CARE MANAGEMENT CORPORATION

Current Principal Place of Business:

1156 JASPER STREET
LARGO, FL 33770 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 280
LARGO, FL 33779 US

New Mailing Address:

FEI Number: 59-3216444 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

PIAZZA, JOHN J SR
1156 JASPER STREET
LARGO, FL 33770 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD
Name: PIAZZA, JOHN J SR
Address: PO BOX 280
City-St-Zip: LARGO, FL 33779

Title: S
Name: LOMBARDI, RITA A
Address: PO BOX 280
City-St-Zip: LARGO, FL 33779

Title: VPT
Name: LENTINI, VINCENT J
Address: PO BOX 280
City-St-Zip: LARGO, FL 33779

Title: VPD
Name: PIAZZA, ROSEMARY E
Address: PO BOX 280
City-St-Zip: LARGO, FL 33779

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOHN J. PIAZZA SR.

PD

02/11/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date