

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000088793

FILED  
Feb 27, 2012  
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

02/27/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date