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PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**FILED**  
**Feb 24, 1999 8:00 am**  
**Secretary of State**

02-24-1999 90163 045 \*\*\*150.00

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**DOCUMENT # P94000038856**

1. Corporation Name

**ADULT CARE SERVICE CORPORATION**



Principal Place of Business

Mailing Address

~~311 PARK PLACE BLVD~~  
~~SUITE 225~~  
~~CLEARWATER FL 34619~~

~~311 PARK PLACE BLVD~~  
~~SUITE 225~~  
~~CLEARWATER FL 34619~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**05/19/1994**

2. Principal Place of Business

2a. Mailing Address

**21 430 Park Place Blvd.**

**26 430 Park Place Blvd.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22 Suite 600**

**27 Suite 600**

City & State

City & State

**23 Clearwater, FL**

**28 Clearwater, FL**

Zip Country

Zip Country

**24 33759**

**25**

**29 33759**

**30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PIAZZA, JOHN J JR.**  
**311 PARK PLACE BLVD.**  
**SUITE 225**  
**CLEARWATER FL 34619**

81 Name

**John J. Piazza, Jr.**

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 *John J. Piazza, Jr.*  
Signature, typed or printed name of registered agent, and title if applicable

**John J. Piazza, Jr.**

**8/12/99**

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

TITLE **VPD** ☐ DELETE  
NAME **PIAZZA, STEPHEN A**  
STREET ADDRESS **911 PARK PLACE BLVD SUITE 225**  
CITY-ST-ZIP **CLEARWATER FL**

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

TITLE **D** ☐ DELETE  
NAME **PIAZZA, JOHN J SR**  
STREET ADDRESS **311 PARK PLACE BLVD STE 225**  
CITY-ST-ZIP **CLEARWATER FL 33759**

3.1 TITLE **D** ☒ Change ☐ Addition  
3.2 NAME **John J. Piazza, Sr.**  
3.3 STREET ADDRESS **430 Park Place Blvd., Ste. 600**  
3.4 CITY-ST-ZIP **Clearwater, FL 33759**

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

4.1 TITLE **S** ☒ Change ☐ Addition  
4.2 NAME **Rita A. Lombardi**  
4.3 STREET ADDRESS **430 Park Place Blvd., ste. 600**  
4.4 CITY-ST-ZIP **Clearwater, FL 33759**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

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 8/12/99 (727)793-9300**

Date

Daytime Phone #

CR2E034 (11/98)