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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

P94000088495 (4)

SERENITY CARE, INC.

Principal Place of Business

Mailing Address

2a. Mailing Address

Crty & State

 Z_{10}

Suite, Apt. #, etc.

26

28

29

Country

9. Name and Address of Current Registered Agent

25

61 SPORTSMAN ROAD ROTONDA WEST FL 33947

2. Principal Place of Business

MURLEY, MARIE

61 SPORTSMAN ROAD **ROTONDA WEST FL 33947**

Suite, Apt. #, etc.

City & State

21

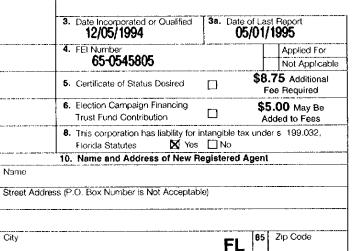
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Zip

61 SPORTSMAN ROAD ROTONDA WEST FL 33947



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 agent, or both, in the State of Florida. St.cf. 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.

Country

81 Name

82

83

City

30

SIGNATURE _	Signature, typed or printed name of registered agent and after if applicable	(NOTE: Regi⊴tered Agent's gnature require	
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PSD DELETE	1. 1 TITLE	Change Addition
NAME	MURLEY, ANN M	1.2 NAME	
STREET ADDRESS	61 SPORTSMAN ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	ROTONDA WEST FL	1.4 CITY-ST-ZIP	
TITLE	VTD DELETE	2. 1 TITLE	Change Addition
NAME	MURLEY, JAMES E	2.2 NAME	
STREET ADDRESS	61 SPORTSMAN ROAD	2 3 STREET ADDRESS	
CITY-ST-ZIP	ROTONDA WEST FL	2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3 1 TITLE	Change Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3. STREET ADDRESS	
CITY-ST-ZIP		34 CITY+ST-ZIP	
TITLE	DELETE	4 1 TITLE	Change Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZiP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5. 1 T(TLE	Change Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY-ST-ZIP		5 4 CITY - ST - ZIP	
TITLE	☐ DELETE	6. 1 TITLE	Change Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY+S1+Zi₽	

14. I do hereby certify that the information supplied with this filing is voluntarily turnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 trusted 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, ocon an attachment with an address

SIGNATURE:

APRIL 21,1996 (94) 697-4908