FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000016675 (7)

1. Corporation Name

FLORIDA ADULT CARE ENTERPRISES, INC.

Principal Place of Business	Mailing Address
7777-B DAVIE ROAD EXTENSION HOLLYWOOD FL 33024	7777-B DAVIE ROAD EXTENSION HOLLYWOOD FL 33024

3. Date Incorporated or Qualified: 02/28/1995
3a. Date of Last Report:

2. Principal Place of Business
21 690 N OIXIE HIGHWAY
22 Suite, Apt. #, etc:
23 City & State: HOLLYWOOD, FL
24 Zip: 33020
25 Country: USA

2a. Mailing Address
26 690 N OIXIE HIGHWAY
27 Suite, Apt. #, etc:
28 City & State: HOLLYWOOD, FL
29 Zip: 33020
30 Country: USA

4. FEI Number: 65-0616494 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

ROSSNER, DAVID
7777-B DAVIE ROAD EXTENSION
HOLLYWOOD FL 33024

10. Name and Address of New Registered Agent

81 Name: ROSSNER, MICHAEL L.
82 Street Address (P.O. Box Number is Not Acceptable)
83 690 N OIXIE HIGHWAY
84 City: HOLLYWOOD FL 85 Zip Code: 33020

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: ✓ MICHAEL L. ROSSNER — Michael Rossner — 5/1/96
Signature, typed or printed name of registered agent and the date as well. (NOTE: Registered Agent signature required when changing) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROSSNER, DAVID J 7777-B DAVIE ROAD EXTENSION HOLLYWOOD FL 33024	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROSSNER, MICHAEL L 7777-B DAVIE ROAD EXTENSION HOLLYWOOD FL 33024	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	690 N OIXIE HIGHWAY HOLLYWOOD, FL 33020	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CHAMBERLAIN, R E 7777-B DAVIE ROAD EXTENSION HOLLYWOOD FL 33024	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	Ré Mason 690 N OIXIE HIGHWAY HOLLYWOOD, FL 33020	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CHAMBERLAIN, RE HAD HIS NAME CHANGED BY COURTS TO: Ré Mason		4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP			5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP			6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (12/95)

14. I do hereby c[illegible] and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the [illegible] 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.

SIGNATURE: Michael Rossner — 5/1/96 — 954 927 2151
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
MICHAEL L. ROSSNER