SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # P95000019417 (1)

1. Corporation Name

GREATER MIAMI ADULT DAY SERVICES, INC.

Principal Place of Business	Mailing Address
380 N.E. 91ST ST. MIAMI SHORES FL 33138	380 N.E. 91ST ST. MIAMI SHORES FL 33138

3. Date Incorporated or Qualified: 03/09/1995	3a. Date of Last Report: N/A
2. Principal Place of Business — 21: 10685 S.W. 88th Street	2a. Mailing Address — 26: 10685 S.W. 88th Street
Suite, Apt. #, etc. — 22:	Suite, Apt. #, etc. — 27:
City & State — 23: Miami, Florida	City & State — 28: Miami, Florida
Zip — 24: 33176 / Country — 25: U.S.A.	Zip — 29: 33176 / Country — 30: U.S.A.
4. FEI Number: 65-0566787	☐ 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**

BUCK, MIKHEL C
380 N.E. 91ST ST.
MIAMI SHORES FL 33138

10. **Name and Address of New Registered Agent**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12 OFFICERS AND DIRECTORS			13. FOR CHANGE OR ADDITION, ENTER NEW INFORMATION	
TITLE	PD	☐ DELETE	11 TITLE	Secretary ☐ Change ☒ Addition
NAME	BUCK, MIKHEL C		12 NAME	Allen Drozd
STREET ADDRESS	380 N.E. 91ST ST.		13 STREET ADDRESS	15720 Bull Run Road, #476
CITY-ST-ZIP	MIAMI SHORES FL 33138		14 CITY-ST-ZIP	Miami Lakes, FL 33014
TITLE	VD	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	DEUTSCHBERGER, RITA		22 NAME	
STREET ADDRESS	1705 N.E. 116TH ROAD		23 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI FL 33181		24 CITY-ST-ZIP	
TITLE	TD	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	BUA, MARY A		32 NAME	
STREET ADDRESS	2 SHADY LANE		33 STREET ADDRESS	
CITY-ST-ZIP	LODI NJ 07644		34 CITY-ST-ZIP	
TITLE		☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME			42 NAME	
STREET ADDRESS			43 STREET ADDRESS	
CITY-ST-ZIP			44 CITY-ST-ZIP	
TITLE		☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

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6/29/96

14. (If applicable) I certify that the information supplied with this filing is voluntarily furnished and 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ Allen Drozd 6/17/96 (305) 595-8988
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0046091 CP