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 # **P95000084615 (0)**

1. Corporation Name

THE ADULT CARE ALLIANCE GROUP, INC.

Principal Place of Business	Mailing Address
235 N UNIVERSITY DRIVE PEMBROKE PINES FL 33024	235 N UNIVERSITY DRIVE PEMBROKE PINES FL 33024

3. Date Incorporated or Qualified: **10/27/1995**

3a. Date of Last Report:

2. Principal Place of Business
21 3146 John P. Curcie Dr.
Suite, Apt. #, etc.
22 Bay 1
City & State
23 Pembroke Park, Fl.
Zip 24 33009 Country 25

2a. Mailing Address
26 P.O.BOX 630219
Suite, Apt. #, etc.
27
City & State
28 Miami,Fl.
Zip 29 33163-0219 Country 30

4. FEI Number: 65-0625612 ☐ 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

UDELL, MICHAEL B
235 N UNIVERSITY DRIVE
PEMBROKE PINES FL 33024

10. Name and Address of New Registered Agent

81 Name: Paul Goldman
82 Street Address (P.O. Box Number is Not Acceptable): 3146 John P. Curcie Dr.
83 Bay 1
84 City: Pembroke Park FL 85 Zip Code: 33009

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: [signature] PAUL GOLDMAN, PRESIDENT DATE: 5/6/96

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	GOLDMAN, ARLENE		12 NAME	
STREET ADDRESS	1895 NE 214TH TERR		13 STREET ADDRESS	3146 John P. Curcie Dr.
CITY-ST-ZIP	MIAMI FL		14 CITY-ST-ZIP	Pembroke Park, Fl. 33009
TITLE	STD	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	GOLDMAN, PAUL S		22 NAME	
STREET ADDRESS	1895 NE 214TH TERR		23 STREET ADDRESS	3146 John P. Curcie Dr.
CITY-ST-ZIP	MIAMI FL		24 CITY-ST-ZIP	Pembroke Park, Fl. 33009
TITLE		☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME			32 NAME	
STREET ADDRESS			33 STREET ADDRESS	
CITY-ST-ZIP			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	600001822526 ☐ Change ☐ Addition
NAME			52 NAME	-05/15/96--01053--018
STREET ADDRESS			53 STREET ADDRESS	***200.00
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	

CR2E034 (12/95)

14. I do hereby 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, added or deleted with an address.

SIGNATURE: [signature] Paul Goldman 4/24/96 954-989-9765

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #