FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT 1997 90

FLORIDA DEPARTMENT OF STATE
Sandra B[illegible]
Secretary of State
DIVISION OF CORPORATIONS

FILED
98 SEP 18 AM 10:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000093173 (9)

1. Corporation Name
SUMTER ADULT CARE, INC.

REINSTATEMENT 97-98 AR

Principal Place of Business	Mailing Address
470 C R 469 CENTER HILL FL 33514	8245 BAILEY DR CLERMONT FL 34711-9009

3. Date Incorporated or Qualified: 12/07/1995
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
21:
Suite, Apt. #, etc.
22:
City & State
23:
Zip 24: Country 25:

2a. Mailing Address
26: PO Box 97
Suite, Apt. #, etc.
27:
City & State
28: Center Hill Fl
Zip 29: 33514 Country 30:

4. FEI Number: 59-3351026 ☐ 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

WELLS, MARK R
8245 BAILEY DRIVE
CLERMONT FL 34719

10. Name and Address of New Registered Agent

81 Name: Pamela Wells
82 Street Address (P.O. Box Number is Not Acceptable): ~~PO Box 97~~ 470 Hwy 469
83:
84 City: Center Hill FL 85 Zip Code: 33514

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WELLS, MARK R 8245 BAILEY DR CLERMONT FL 34719	☑ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition 100002645931--2 -09/22/98--01041--009 ****908.75 ****908.75
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~VSTD~~ PD WELLS, PAMELA S 8245 BAILEY DR CLERMONT FL 34719	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☑ Change ☐ Addition PD Pamela S. Wells PO Box 97 / 470 Hwy 469 Center Hill FL 33514
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☑ Change ☐ Addition VT Schlicher, John 4215 Siesta Rd. Brooksville, FL 34602
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition S Elizabeth I. McHaulin 470 Hwy 469 Center Hill, FL 33514
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition PE 1-28

CR2E034 (9/96)

14. I do 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.

SIGNATURE: Pamela S. Wells PRESIDENT 9-15-98