#### FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

#### Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

### 1997

## DOCUMENT # P96000052136 (4)

BAYSIDE CARE CENTER, INC.

# FILED May 15 1997 8:00am Secretary of State



Principal Place of Business 3778 MAPLE GROVE PORT ORANGE FL 32119		Mailing Address 3778 MAPLE GROVE PORT ORANGE FL 32119-8995			
TOTAL ORDINA	w v w white	y with annual to the the		3. Date Incorporated or Qualified 06/17/1996	3a. Date of Last Report
2. Princ pal f 21	face of Business	2a. Mailing Address 26		4. FEI Number 59-3396181	Applied For Not Applicable
Suite Apt 22 <b>3778</b>		Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Sta		City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Ζηυ <b>24</b> ]	Country <b>25</b>	Zip 29	Country 30		Yes No
	9. Name and Address of Cu	irrent Registered Agent		10. Name and Address of New F	Registered Agent
OD	u, stephen		81 Name		
	2 LONG GROVE LANE RT ORANGE FL 32119		82 Street A	Address (P.O. Box Number is Not Accept	able)
101	II OIPMOLIE OFFIO		83		······································
			84 City		FL 85 Zip Code
agent Li	am famil ar with, and accept the o	obligations of Section 607.0505	, Florida Statutes.	poration's board of directors. I hereby acc	192
SIGNATURE	Standare, typed or printed name of real OFFICERS	S AND DIRECTORS	(NOTE Registered Agent signature	required when reinstating)  ADDITIONS/CHANGES TO OFF	
SIGNATURE  12. THE NAME	President Stephen Od		13. 1.1 Title 1.2 NAME		ICERS AND DIRECTORS IN 12
SIGNATURE  12. TILLE NAME STREET ADDRESS	President Stephen Od	S AND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS		ICERS AND DIRECTORS IN 12
SIGNATURE  12. TOLE NAME STREEL ADDRESS C TY+S1+ZIP	President Stephen Od	S AND DIRECTORS	13. 1.1 Title 1.2 NAME		FICERS AND DIRECTORS (N. 12
SIGNATURE  12. THE NAME STREET ADDRESS	President Stephen Od	S AND DIRECTORS  DELETE Lane Lane Lane Lane Lane Lane Lane Lane	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		FICERS AND DIRECTORS IN 12  Change Addition
SIGNATURE  12. TIGH NAME STREET ADDRESS C TY+S1-ZIP TIGEF	President Stephen Od	S AND DIRECTORS  DELETE Lane Lane Lane Lane Lane Lane Lane Lane	13. 1.1 Title 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE		FICERS AND DIRECTORS IN 12  Change Addition
SIGNATURE  12. TILLE NAME STREET ADDRESS C TY-ST-ZIP TILLE NAME	President Stephen Od	SAND DIRECTORS  DELETE Lano School of 32  Charles  Charle	13. 1.1 THE 1.2 NAME 1.3 STREET ADDRESS 1.4 CHY-ST-ZIP 2.1 THE 2.2 NAME 2.3 STREET ADDRESS 2.4 CHY-ST-ZIP		Change Additio
SIGNATURE  12.  TOTE  NAME  STREET ADDRESS C TY, ST-ZIP  THEE  NAME  STREET ADDRESS COLY, ST, ZIP  THEE	President Stephen Od	S AND DIRECTORS  DELETE Lane Lane Lane Lane Lane Lane Lane Lane	13. 1.1 THLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 THLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 THLE		Change Additio
SIGNATURE  12. TIGLE NAME STREEL ADDRESS C LY-SI- ZIP TIGLE NAME STREEL ADDRESS CITY-SI- ZIP TIGLE NAME NAME NAME NAME	President Stephen Od 3833 Long Ground Vice President Beatrice O 3832 Long Gr	SAND DIRECTORS  DELETE Lano School of 32  Charles  Charle	13. 1.1 THLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 THLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 THLE 3.2 NAME		Change Additio
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SIGNATURE  12. TOTE  NAME  STREET ADDRESS C TY-ST-ZIP  TRUE  NAME  STREET ADDRESS CITY-ST-ZIP  URLE  NAME  STREET ADDRESS CITY-ST-ZIP  URLE  NAME  STREET ADDRESS CITY-ST-ZIP	President Stephen Od 3833 Long Ground Vice President Beatrice O 3832 Long Gr	SAND DIRECTORS  DELETE  Lane Shorida 32  Lane DELETE  Lane DELETE  SLANE DELETE  DELETE  DELETE	13. 1.1 THLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 THLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 THLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		Change Addition  Change Addition  Change Addition
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SIGNATURE  12. TOLE NAME STREEL ADDRESS CLTY-ST-ZIP THLE NAME STREEL ADDRESS CITY-ST-ZIP	President Stephen Od 3833 Long Grans Vice President Beathice Od 3832 Long Grans	SAND DIRECTORS  DELETE  Lanc Shorrida 32  College DELETE  DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		Change Addition  Change Addition  Change Addition  Change Addition  Change Addition  Addition
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SIGNATURE  12.  TOTE  NAME  STREET ADDRESS CITY STEAD  THRE  NAME	President Stephen Od 3833 Long Grans Vice President Beathice Od 3832 Long Grans	SAND DIRECTORS  DELETE  Lanc Shorrida 32  College DELETE  DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		Change Additio
SIGNATURE  12.  TOTE  NAME  STREET ADDRESS CITY STEAD  THEE  NAME	President Stephen Od 3833 Long Grans Vice President Beathice Od 3832 Long Grans	DELETE  Lano SLOVICA 32  Construction of 32  C	13. 1.1 THE 1.2 NAME 1.3 STREET ADDRESS 1.4 CHY-ST-ZIP 2.1 THE 2.2 NAME 2.3 STREET ADDRESS 2.4 CHY-ST-ZIP 3.1 THE 3.2 NAME 3.3 STREET ADDRESS 3.4 CHY-ST-ZIP 4.1 THE 4.2 NAME 4.3 STREET ADDRESS 4.4 CHY-ST-ZIP 5.1 THE 5.2 NAME 5.3 STREET ADDRESS 4.4 CHY-ST-ZIP 5.1 THE 5.2 NAME 5.3 STREET ADDRESS 5.4 CHY-ST-ZIP 5.5 THE 5.5 NAME		Change Additio
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4. I do hearby 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 reserver 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 or an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/97

904-761-9771

Daytime Priorie #