

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000014560

1. Corporation Name

ADULT CARE DEVELOPMENT, INC.

Principal Place of Business

311 PARK PLACE BLVD., SUITE 225
CLEARWATER, FL 34619

Mailing Address

43100 110TH AVE N
LARGO, FL 33774
US

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90163 043 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/14/1997

4. FEI Number

59-3426611

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 430 Park Place Blvd.
Suite, Apt. #, etc.

26 430 Park Place Blvd.
Suite, Apt. #, etc.

22 Suite 600
City & State

27 Suite 600
City & State

23 Clearwater, FL
Zip Country

28 Clearwater, FL
Zip Country

24 33759 25

29 33759 30

9. Name and Address of Current Registered Agent

PIAZZA, JOHN J SR
43100 110TH AVE N
LARGO FL 33774

10. Name and Address of New Registered Agent

81 Name

Rita A. Lombardi

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

430 Park Place Blvd., Ste. 600

83

84

City
Clearwater

FL

85

Zip Code
33759

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

Rita A. Lombardi
Signature, typed or printed name of registered agent and title if applicable.

Rita A. Lombardi

2/8/99

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME PIAZZA, JOHN J SR.
STREET ADDRESS 311 PARK PLACE BLVD., SUITE 225
CITY-ST-ZIP CLEARWATER FL 34619

TITLE VPD ☐ DELETE
NAME LENTINI, VINCENT J
STREET ADDRESS 43100 110TH AVE N
CITY-ST-ZIP LARGO FL 33774

TITLE VPD ☐ DELETE
NAME PIAZZA, ROSEMARY E
STREET ADDRESS 43100 110TH AVE N
CITY-ST-ZIP LARGO FL 33774

TITLE S ☐ DELETE
NAME LOMBARDI, RITA A
STREET ADDRESS 43642 SERENA DR
CITY-ST-ZIP LARGO FL 33774

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP ☒ Change ☐ Addition
1.2 NAME John J. Piazza, Sr.
1.3 STREET ADDRESS 430 Park Place Blvd., Ste 600
1.4 CITY-ST-ZIP Clearwater, FL 33759

2.1 TITLE VPD ☒ Change ☐ Addition
2.2 NAME Vincent J. Lentini
2.3 STREET ADDRESS 430 Park Place Blvd., Ste 600
2.4 CITY-ST-ZIP Clearwater, FL 33759

3.1 TITLE VPD ☒ Change ☐ Addition
3.2 NAME Rosemary E. Piazza
3.3 STREET ADDRESS 430 Park Place Blvd., Ste 600
3.4 CITY-ST-ZIP Clearwater, FL 33759

4.1 TITLE S ☒ Change ☐ Addition
4.2 NAME Rita A. Lombardi
4.3 STREET ADDRESS 430 Park Place Blvd., Ste 600
4.4 CITY-ST-ZIP Clearwater, FL 33759

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE: *Rita A. Lombardi* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Rita A. Lombardi 2/8/99 (727) 793-9300

CR2E034 (11/98)