

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

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90073 046 ***158.75

DOCUMENT # P97000022702

1. Corporation Name

SPECIAL FRIENDS SENIOR CARE, INC.



Principal Place of Business

**300 31 ST. N.
SUITE 202
ST. PETERSBURG FL 33713**

Mailing Address

**300 31 ST. N.
SUITE 202
ST. PETERSBURG FL 33713**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/12/1997

4. FEI Number

65-0744549

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.



2. Principal Place of Business

21 18830 US Hwy 19 North
Suite, Apt. #, etc.

2a. Mailing Address

26 155 Summer Street
Suite, Apt. #, etc.

22 328 (Suite)

27

23 Clearwater, FL

28 Buffalo, NY

24 33764 **25 USA**

29 14222 **30 USA**

9. Name and Address of Current Registered Agent

**IORELLA, JOHN C
300 31ST STREET NORTH
SUITE 202
ST PETERSBURG FL 33713**

10. Name and Address of New Registered Agent

81 Name
Fiorella, John C.
82 Street Address (P.O. Box Number is Not Acceptable)
18830 US Hwy 19 North,
83 Suite 328
84 City
Clearwater **FL** **85 Zip Code**
33764

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 **John C. Fiorella, President**

11/20/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PSTD** ☐ DELETE
NAME **IORELLA, JOHN C**
STREET ADDRESS **300 31ST STREET N, SUITE 202**
CITY-ST-ZIP **ST PETERSBURG FL 33713**

TITLE **T** ☒ DELETE
NAME **WITHERS, LINDA J**
STREET ADDRESS **352 79TH AVE NE**
CITY-ST-ZIP **ST PETERSBURG FL 33702**

TITLE **S** ☒ DELETE
NAME **GREEN, AMY T**
STREET ADDRESS **2104 BRIGADOON DR**
CITY-ST-ZIP **CLEARWATER FL 33759**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **18830 US Hwy 19 North, Ste 328**
1.4 CITY-ST-ZIP **Clearwater, FL 33764**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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: **John C. Fiorella, President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/24/99

Date

716-882-3692

Daytime Phone #

CR2E034 (11/98)