2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P9700030731 1. Entity Name ELDER CARE ALLIANCE, INC.					Apr 26, 2004 8:00 am Secretary of State 04-26-2004 90464 020 ***150.00					
Principal Place	of Business	Mailing Address	<u> </u>							
2600 1ST AV	E. N.	2600 1ST AVE. N.								
ST PETERSBURG, FL 33713 ST PETERSBUR			13							
							1 111 11 5811 11118	11114 Be ith I nees (2 11 11 12		
2. Principal Place of Business 3. Mailing Address										
4912 Creekside Drive		4912 Creekside Drive		1 100010004 110		1 98KJI 99KJI 99KBB	41414 98141 14888 11181 11	BIBBI II IBBI		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			03192004	Chg-F	CF CF	R2E034 (10/03)		
City & State)	City & State			4. FEI Numbe	:r		A	pplied For	
	ater, FL		FL		59-3527	7489			ot Applicable	
Zip 33760	Country	I 2	Country		5. Certificate	of Status De	esired 🗀	\$8.75 Ad		
	6. Name and Address of Current F		SA T		7. Name and	Address o	l New Registe	Fee Require		
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name										
GOVONI, LEO J					Stroot Address (F.O. Box Mumber in Not Accordable)					
2600 1ST AVE. N. ST PETERSBURG, FL 33713				Street Address (P.Q. Box Number is Not Acceptable) 4912 Creekside Drive						
,										
	_		CGITY.		0 r			FL Zip Co	de o	
8. The above named antity submits this statement or the nurses of changing its registr			istered office							
8. The above named entity submits this statement or the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.										
SIGNATURE (Leo J. GOVONI) 4/23/2004										
SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE										
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.										
10.	OFFICERS AND I		11.	15	ADDITIONS/	CHANGES	TO OFFICERS	AND DIRECTOR	S IN 11	
TITLE NAME	P GOVONI, LEO	☐ Delete	TITLE	P	oni, Le		•	XX Change	Addition	
STREET ADDRESS	2600 1ST AVE. N.		NAME Street address		.2 Creek		Drive			
CITY-ST-ZIP	ST PETERSBURG, FL 33713		CITY-ST-ZIP		arwater					
TITLE	V	☐ Delete	TITLE	V ·				XXChange	Addition	
NAME	WALRATH, BRETT		NAME		rath, B					
STREET ADDRESS CITY-ST-ZIP	2600 FIRST AVENUE NORTH SAINT PETERSBURG, FL 33713		STREET ADDRESS C/TY-ST-ZIP	491	2 Creek	side	Drive			
TITLE	S	Delete	TITLE	CIE	arwater	, FL	33/60	Change	☐ Addition	
-NAME	SAUER, BETH	. Delete	NAME -			-		· ·=	> Addition	
STREET ADDRESS	4118 27TH AVE. N.		STREET ADDRESS	3						
CITY-ST-ZIP	ST PETERSBURG, FL 33713		CITY-ST-ZIP	<u> </u>						
TITLE NAME		☐ Delete	TITLE NAME					☐ Change	☐ Addition	
STREET ADDRESS	•		STREET ADDRESS	,						
CITY-ST-ZIP			CITY-ST-ZIP							
TITLE		☐ Delete	TITLE					☐ Change	Addition	
NAME			NAME							
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	8						
TITLE		☐ Delete	TITLE	+				☐ Change	Addition	
NAME		E Delete	NAME					∟ Change	☐ Addition	
STREET ADDRESS			STREET ADDRESS	s						
CITY-ST-ZIP			CITY-ST-ZIP							
12. 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 report or experience 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.										

SIGNATURE AND TIPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

4/23/2004

Date

727-894-6520

Daytime Phone #