2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2004
Secretary of State

DOCUMENT# P97000051439

Entity Name: NORTH POINTE ADULT DAY CARE CENTER, INC.

Current Principal Place of Business:

21135 NW 37TH AVE.
MIAMI, FL 33056

New Principal Place of Business:

Current Mailing Address:

21135 NW 37TH AVE.
MIAMI, FL 33056

New Mailing Address:

FEI Number: 65-0752400 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PROCTOR, NADINE
21135 NW 37TH AVE.
MIAMI, FL 33056 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: PROCTOR, NADINE
Address: 20602 N.W. 33 COURT
City-St-Zip: MIAMI, FL 33056

Title: S ( ) Delete
Name: PROCTOR, NADINE
Address: 20602 N.W. 33 COURT
City-St-Zip: MIAMI, FL 33056

Title: VP ( ) Delete
Name: STORR, CYNTHIA
Address: 18405 NW 42ND PLACE
City-St-Zip: MIAMI, FL 33056

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: EASON, NATHANIEL
Address: 1811 WASHINTON STREET
City-St-Zip: OPA LOCKA, FL 33054

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change ( ) Addition
Name: BROWN, DERRICKA A
Address: 20602 NW 33 COURT
City-St-Zip: MIAMI, FL 33056

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NADINE PROCTOR S 04/24/2004

Electronic Signature of Signing Officer or Director Date