

FILE NOW. FILING FEE AFTER MAIL IS \$550.00

**PROFIT
CORPORATION
ANNUAL REPORT
1999**


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

DOCUMENT # P98000029951

1. Corporation Name

KC GERIATRIC HEALTHCARE FINANCIAL, INC.

Principal Place of Business

**26191 SUMMER GREEN DR.
BONITA SPRINGS FL 34135**

Mailing Address

**26191 SUMMER GREEN DR.
BONITA SPRINGS FL 34135**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/01/1998

4. FEI Number

593505480

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

21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24
25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.
27 City & State
28 Zip Country
29
30 Country
31

9. Name and Address of Current Registered Agent

**CASEY, JOLINE A
26191 SUMMER GREEN DR.
BONITA SPRINGS FL 34135**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE ☐ DELETE

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
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1.34 CITY-ST-ZIP
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1.36 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

NO CHANGES
☐ Change ☐ Addition

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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 or changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/198)