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

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PROFIT CORPORATION ANNUAL REPORT
1999

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

FILED
May 01, 1999 8:00 am
Secretary of State
05-01-1999 90072 013 ***158.75

DOCUMENT # **P98000048340**

1. Corporation Name
ACTELL ELDERLY CARE, INC.

Principal Place of Business	Mailing Address
4629 - CHEYENNE POINT TRAIL KISSIMMEE FL 34746	4629 - CHEYENNE POINT TRAIL KISSIMMEE FL 34746

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 05/18/1998

2. Principal Place of Business	2a. Mailing Address
21 1130 East Donegan Ave	26 1130 E Donegan Ave
Suite, Apt. #, etc. 22 Suite #10	Suite, Apt. #, etc. 27 Suite 10
City & State 23 Kissimmee FL	City & State 28 Kissimmee Fl
Zip / Country 24 34744 25 USA	Zip / Country 29 34744 30 USA

4. FEI Number: 59-3516109 ☐ Applied For ☐ Not Applicable

5. Certifcate 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WALLACE, SCOTT G 250 NORTH ORANGE AVENUE ELEVENTH FLOOR ORLANDO FL 32801	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	DENNIS, TERREL V		1.2 NAME		
STREET ADDRESS	4629 - CHEYENNE POINT TRAIL		1.3 STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE FL 34746		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	VILLALOBOS, ALMA		2.2 NAME		
STREET ADDRESS	2232 - CHARDONNAY COURT WEST		2.3 STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE FL 34741		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	BRAHAM, LEOMORA		3.2 NAME	Smalling-Braham, Lemora	
STREET ADDRESS	2232 - CHARDONNAY COURT WEST		3.3 STREET ADDRESS	4627 Cheyenne Pt Tr	
CITY-ST-ZIP	KISSIMMEE FL 34741		3.4 CITY-ST-ZIP	Kissimmee Fl 34746	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (11/98)

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: SIGNATURE REQUIRED April 26, 1999. 407 518-1437.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #