

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2004 8:00 am**  
**Secretary of State**

04-07-2004 90008 020 \*\*\*150.00

<b>DOCUMENT # P98000084080</b>			
<b>1. Entity Name</b> FLORIDA ADULT CARE, INC.			
<b>Principal Place of Business</b> 431 EAST 10 ST HIALEAH, FL 33010 US		<b>Mailing Address</b> 431 EAST 10 ST HIALEAH, FL 33010 US	
<b>2. Principal Place of Business</b> 1820 WEST 53RD STREET		<b>3. Mailing Address</b> 1820 WEST 53RD STREET	
Suite, Apt. #, etc. APT # 117		Suite, Apt. #, etc. APT # 117	
City & State HIALEAH, FL		City & State HIALEAH, FL	
Zip 33012		Zip 33012	
Country MIAMI-DADE		Country MIAMI-DADE	
<b>4. FEI Number</b> 65-0866340		Applied For <input type="checkbox"/> Nor Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> SERRANO, CARMEN 431 E 10 ST HIALEAH, FL 33010		<b>7. Name and Address of New Registered Agent</b> Name: CARMEN SERRANO Street Address (P.O. Box Number is Not Acceptable): 1820 WEST 53RD STREET APT # 117 City: HIALEAH FL 33012	
<b>8. 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. I am familiar with, and accept the obligations of registered agent.</b> SIGNATURE: <u><i>Carmen Serrano</i></u> DATE: <u>04/05/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$350.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SERRANO, CARMEN 431 EAST 10 ST HIALEAH, FL 33010	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SERRANO, CARMEN (P) 1820 WEST 53RD STREET APT # 117 HIALEAH, FL 33012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>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 supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.</b>			
SIGNATURE: <u><i>Carmen Serrano</i></u> <u>04/05/04</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			