


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90082 022 ***150.00

| | |
|---|---|
| DOCUMENT # P99000046933 |  |
| 1. Entity Name ADULT CARE HOLDING CORP. | |

| | |
|---|--|
| Principal Place of Business 13777 BELCHER RD LARGO, FL 33771 US | Mailing Address 13777 BELCHER RD STE 225 LARGO, FL 33771 US |
|---|--|

14000429



| | | | |
|--------------------------------|--|---------------------|--|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | | Zip | |
| Country | | Country | |

01292004 Chg-P CR2E034 (10/03)

| | |
|------------------------------------|--|
| 4. FEI Number 59-3582877 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

| | |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

| | | | |
|---|--|--|--|
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| PIAZZA, JOHN J 13777 BELCHER RD LARGO, FL 33771 | | Name | |
| | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | City | |
| | | FL Zip Code | |

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.

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 Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
|---|--|------------------------------------|

| | | | |
|----------------------------|--------------------|---|--|
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE | PD | TITLE | |
| NAME | PIAZZA, JOHN J SR. | NAME | |
| STREET ADDRESS | 13777 BELCHER RD | STREET ADDRESS | |
| CITY-ST-ZIP | LARGO, FL 33771 | CITY-ST-ZIP | |
| TITLE | S | TITLE | |
| NAME | LOMBARDI, RITA A | NAME | |
| STREET ADDRESS | 13777 BELCHER RD | STREET ADDRESS | |
| CITY-ST-ZIP | LARGO, FL 33771 | CITY-ST-ZIP | |
| TITLE | VPD | TITLE | |
| NAME | PIAZZA, ROSEMARY E | NAME | |
| STREET ADDRESS | 13777 BELCHER RD | STREET ADDRESS | |
| CITY-ST-ZIP | LARGO, FL 33771 | CITY-ST-ZIP | |
| TITLE | VPT | TITLE | |
| NAME | LENTINI, VINCENT J | NAME | |
| STREET ADDRESS | 13777 BELCHER RD | STREET ADDRESS | |
| CITY-ST-ZIP | LARGO, FL 33771 | CITY-ST-ZIP | |
| TITLE | | TITLE | |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | | TITLE | |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| 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 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.

SIGNATURE:  **John J. Piazza** **2/19/2004 727-726-3310**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #