


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P99000053753</b>																																																																																									
<b>1. Entity Name</b> REPUBLIC ADULT CARE INC.																																																																																									
<b>Principal Place of Business</b> 7944 SW 8TH STREET MIAMI, FL 33144			<b>Mailing Address</b> 7944 SW 8TH STREET MIAMI, FL 33144																																																																																						
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>																																																																																							
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																							
City & State		City & State																																																																																							
Zip	Country	Zip	Country	04202004    Chg-P    CR2E034 (10/03)																																																																																					
<b>4. FEI Number</b> NOT APPLICABLE				Applied For <input type="checkbox"/> Not Applicable																																																																																					
<b>5. Certificate of Status Desired</b>				<input type="checkbox"/> \$8.75 Additional Fee Required																																																																																					
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>																																																																																						
MACHADO, MAGALY 3488 S.W. 112TH AVENUE MIAMI, FL 33165			Name Street Address (P.O. Box Number is Not Acceptable) City FL    Zip Code																																																																																						
<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 _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____																																																																																									
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																							
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="padding: 5px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="padding: 5px;">11. 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<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>																																																																																									
<b>SIGNATURE:</b> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: 4/20/2004    Daytime Phone #																																																																																						