## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 24, 2006 08:00 AM Secretary of State

DOCUMENT # P9900053753  1. Entity Name REPUBLIC ADULT CARE INC.					Secretary of State			
Principal Place of Business		Mailing Address			1			
7944 SW 8TH STREET MIAMI, FL 33144		7944 SW 8TH STREET MIAMI, R. 33144						
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2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04282006	Chg-P	CR2E034 (11/05)	
City & State		City & State			4. FEI Number NOT API	PLICABLE	<del></del>	pplied For at Applicable
Zip	Country	Zip	Country		5. Certificate of	If Status Desired	S8.75 Ad	
	6. Name and Address of Curren	t Registered Agent	<u> </u>		7. Name and	Address of New R	egistered Agent	
				Name				
MACHADO, MAGALY 3488 S.W. 112TH AVENUE MIAMI, FL 33165			, s	Street Address (P.O. Box Number is Not Acceptable)				
			}					
				City			FL Zip Coo	ie
The above named entity submits this statement for the purpose of changing its registered office.					and against or holy	in the Ctate of Ele	· · · · · ·	204 22222
the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating)  DATE								
FILE NOWILL FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.				~ _ +	.00 May Be ed to Fees			
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/C	HANGES TO OFFI	CERS AND DIRECTOR	IS IN 11
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12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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: SEMATURE AND TIPED OR PRINTED HAME OF BIGHING OFFICER OR DIRECT

2006 (305) 269.6848 Date Dayline Phone i