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

Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # S13293

Principal Place of Business

COUNTRY MANOR ADULT CARE OF THE PALM BEACHES, IN C.

4339 COCOANUT ROAD		4339 COCOANUI ROAD					
WEST PALM BEACH FL 33406		WEST PALM BEACH FL 33406		DO NOT WRITE IN THIS SPACE			
US				3. Date Incorporated or Qualifed	THIS SEACE		
					10/08/1990		
Principal Place of Business     2a. Mailing Address				4. FEI Number	App	olied For	
21 26		26			65-0217497	<del>}   · · · ·</del>	Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					1 3	\$8.75 A	
22		27	7		5. Certificate of Status Desired	Fee Rec	
1		City & State	L State		6. Election Campaign Financing	\$5.00	May Be
23 28		28	·		Trust Fund Contribution	Added to	Fees
Zip	CountryZipCou		Country	,	8. This corporation owes the current ye	ear Intangible	
24	25 29 30				Personal Property Tax.	🔀 Yes	□No
9. Name and Address of Current Registered Agent					10. Name and Address of New Regist	tered Agent	
			81	Name	• •		
COS	STA, MELODY A	یود د . • یصور ین دخو و د	<u> </u>				
4339 COCOANUT ROAD			. 82	Street Addre	ess (P.O. Box Number is Not Acceptable)		·
WEST PALM BEACH FL 33406			83	+		37816 PO 1 1 1 2 1 1 1 1 3 4	34 9 71 568
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**			84	City	The second of th	85 Zip C	ode
40.00 (20) (C. 15)		www.company		_		<u> FL                                     </u>	
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							
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	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: R	tegistered Ager	nt signature required	d when reinstating) DA	TE	
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICER	RS AND DIRECTOR	RS IN 12
TITLE	D	[] DELETE	1.1 TITLE			☐ Change	☐ Addition
NAME	COSTA, MELODY A		1.2 NAME				j
STREET ADDRESS	4339 COCOANUT ROAD		E	T ADDRESS			j
	WEST PALM BEACH FL				,		. ]
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STREET ADDRESS CITY-ST-ZIP		☐ OELETE	ŀ				

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 ar 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 attaching it with an address, with all other like empowered.

CITY-ST-ZIP

**FILED** 

Feb 08, 1999 8:00am

**Secretary of State** 

02-08-1999 90021 036 \*\*\*158.75