FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED AND FILED
95 MAY -1 AM 8:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S83723 (4)

1. Corporate Name

ALL CARE GROUP HOME #2, INC.

Principal Place of Business	Mailing Address
699 E 5TH AVE MOUNT DORA FL 32757-5625	699 E 5TH AVE MOUNT DORA FL 32757-5625

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/30/1991
3a. Date of Last Report: 08/08/1994
4. FEI Number: 59-3094492 — Applied For / Not Applicable
5. Certificate of Status Desired ✔ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes. ✔ Yes ☐ No

2. Principal Office Address	2a. Mailing Address
21 699 E 5th Ave	26 699 E 5th Ave
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Mt. Dora, FL	28 City & State: Mt. Dora, FL
24 Zip: 32757 — 25 Country: USA	29 Zip: 32757 — 30 Country: USA

9. Name and Address of Current Registered Agent

MIDDLETON, HARLOW M
699 E 5TH AVE
MOUNT DORA FL 32757

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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

12. OFFICERS AND DIRECTORS	
TITLE	V
NAME	BROWN, DONNA
STREET ADDRESS	699 EAST FIFTH AVE.
CITY-ST-ZIP	MOUNT DORA FL
TITLE	D
NAME	MAZIK, KEN
STREET ADDRESS	699 EAST FIFTH AVENUE
CITY-ST-ZIP	MOUNT DORA FL 32757
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 — (Change / Addition boxes, all blank)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or 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 attachment with an address.

SIGNATURE: Donna H. Brown — 4/27/95 — 904-383-8041

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: DONNA H. BROWN — Date — Daytime Phone #

0043144 CP