SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V10236** **(0)**

1. Corporation Name
ADULTCARE, INC.

Principal Place of Business	Mailing Address
858 SOUTH MILITARY TRAIL **BUILDING 6** **DEERFIELD BEACH FL 33442**	**858 SOUTH MILITARY TRAIL** **BUILDING 6** **DEERFIELD BEACH FL 33442**

3. Date Incorporated or Qualified: **01/30/1992**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: **65-0316019** ☐ 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

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET, SUITE 105
TALLAHASSEE FL 32301

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 [redacted]
Signature, typed or printed name of registered agent and title if applicable. (NOTE: If Registered Agent is a corporation, the registered agent must sign above and provide the name and title of the officer.) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	LEVY, DAVID J		12 NAME	
STREET ADDRESS	21089 BROOKSHIRE TERR		13 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL		14 CITY-ST-ZIP	
TITLE	C	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	PASSMAN, HOWARD		22 NAME	
STREET ADDRESS	4901 NW 101TH AVE.		23 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL		24 CITY-ST-ZIP	
TITLE	VPTS	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	SAVITSKY, DAVID		32 NAME	
STREET ADDRESS	1983 MARCUS AVENUE CB 7011		33 STREET ADDRESS	
CITY-ST-ZIP	LAKE SCUCESS NY		34 CITY-ST-ZIP	
TITLE	SVCD	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME	TIGHE, GARY		42 NAME	
STREET ADDRESS	1983 MARCUS AVENUE, CB 7011		43 STREET ADDRESS	
CITY-ST-ZIP	LAKE SUCCESS NY		44 CITY-ST-ZIP	
TITLE	D	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME	SAVITSKY, DAVID		52 NAME	
STREET ADDRESS	1983 MARCUS AVENUE, CB 7011		53 STREET ADDRESS	
CITY-ST-ZIP	LAKE SUCCESS NY		54 CITY-ST-ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [redacted] Pres 6/7/96 954 423 4333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
DAVID J LEVY PRES. DIR