Feb 27, 1999 8:00 am Secretary of State

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V41937

1. Corporation Name

NEW HC	ORIZONS ADULT LIVING, INC	ن. 														
Principal Plac	e of Business	Ma	iling Address						1 10017 011							
1391 CAPRICORN BLVD. DEEP CREEK 1391 CAPRICORN BLVD. D. PUNTA GORDA FL 33983 PUNTA GORDA FL 33983 US				DEEP CRE	EEP CREEK					DO	NOT V	VRITÉ I	N THIS	SPACE	Ē	
08		US					ļ-	3. Dat	e Incorpo	rated o	Qualit	fed				
l 									/05/199							
2. Principal P	Place of Business	2a.	Mailing Address				1		Number						Apr	lied For
21	•	26	<u>-</u>					65	035602	20				.	Not	Applicable
Suite, Apt.	. #, etc.		Suite, Apt. #, etc.					1					ı	\$8.	75 A	dditional
22		27						5. Cei	tifcate of	Status	Jesired			Fe	e Red	quired
City & Stat	te		City & State					6. Ele	ction Can	paign f	inanci	ng _	1	\$5	.00	May Be
23		28						Tru	st Fund C	ontribu	tion		ı	Ad	ded to	Fees
Zip	Country		Zip	Cou	ntry			8. Thi	s corporat	ion owe	es the c	current				_
24	25	29		30					sonal Pro					Yes		□No
	9. Name and Address of Current	t Regist	tered Agent		04	A1		10. Na	ne and A	ddress	of Ne	w Regi	stered /	Agent		
0.50	ACTIANI MOLETA D				81	Name										
	ASTIAN, VIDLETA D	'V			82	Street	Address	s (P.O.	3ox Numl	er is N	ot Acce	eptable))			
1	I CAPRICORN BLVD. DEEP CREEI	:N														
PUN	TA GORDA FL 33983				83											
					84	City			•					85	Zip C	ode
													<u>_FL</u>	1 1	- 14	
11. Pursuant	to the provisions of Sections 607.0502	2 and 60	7.1508, Florida Statu	ites, the al	bove-	-named	corpora oration's	ition sui	omits this of directo	stateme rs. I her	ent for ehv ar	ne pur cent the	ose or o	cnangır ıtment i	ig its r as rea	egisterea istered
			a. Such Change was (authorized		ле сопос			oi un octo							
agent. I a	registered agent, or both, in the State o registeria miliar with, and accept the obligati	ions of,	Section 607.0505, Flo	authorized orida Stati	utes.	ne corpo	01000110	3 0001 a	oi dii dolo		UD, uc	оорт и	о арроп	٠ .		
agent. I a SIGNATURE														٠.		
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SIGNATURE 12. TITLE	Signature, typed or printed name of registered agent OFFICERS AND VPO - PRESIDENT	and title if	applicable (NOTI	E: Registered 13.,	Agent			nen reinsta	ing)			ſ	DATÉ .		СТОР	
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered agent OFFICERS AND VPD - PRESIDENT SEBASTIAN, VIDLETA D	and title if	applicable (NOTI CTORS	13., 1.1 TII 1.2 NA	Agent LE ME	signature re		nen reinsta	ing)			ſ	DATÉ .	D DIRE	СТОР	RS IN 12
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CITY-ST-ZIP 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE:

SIGNATURE: