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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V64890

SABATTINI SENIOR CARE, INC.

(9)		

## FILED Jan 14 1997 8:00am Secretary of State



Suite, Apit #, etc.  27 City & State City &	207 SUNTAN AVE. SARASOTA FL 34277		207 SUNTAN AVE. SARASOTA FL 34237-6216									
Suite, Apt. #, etc. 2   Suite, Apt. #, etc. 2						,				Report		
Suite, Apt. #, etc. 27 Cry & Status 28 Cry & Status 29 Cry & Status 29 Cry & Status 29 Cry & Status 20 Crountry 4	2. Principal P	lace of Business	2a. Mailing Address						A	pplied For		
Cry & State    Cry & State   C	21						65-0357780		<del></del>			
Trust Fund Contribution	┝═┑		27	Suite, Apt. #, etc			5. Certificate of Status Desired					
9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  11. Name and Address of New Registered Agent  12. Survey Address (P.O. Box Number is Not Acceptable)  13. Name and Registered Agent  14. Pure and to the processor of sections 607 0000 and 607 1500. Florids Statutes the above-named corporation submits this statement for the purpose of changing its registered agent. I am famour with, and accept the obligations of Section 607 0000. Florid Statutes the above-named corporation submits this statement for the purpose of changing its registered agent. I am famour with, and accept the obligations of Section 607 0000. Florid Statutes the above-named corporation submits this statement for the purpose of changing its registered agent. I am famour with, and accept the obligations of Section 607 0000. Florid Statutes.  15. Pure and to the processor of section in the State of Indicates Such change statement for the purpose of changing its registered agent. I am famour with, and accept the obligations of Section 607 0000. Florid Statutes.  16. Pure and to the processor of section in the State of Indicates. Proceedings of the statement for the purpose of changing its registered agent. I am famour with, and accept the obligations of Section 607 0000. Florid Statutes.  16. Pure and to the purpose of changing its registered agent. I am famour with, and accept the obligations of Section 607 0000. Florid Statutes.  16. Purpose of Changing its registered agent. I am famour with, and accept the obligations of Section 607 0000. Florid Statutes.  17. Pure and to the purpose of changing its registered agent. I am famour with, and accept the obligations of Section 607 0000. Florid Statutes.  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  19. Purpose of Change Indicates In	23		28									
SABATTINI, LOUIS 207 SUNTAN AVE SARASOTA FL 34237    B3	Zip <b>24</b>	25					Florida Statutes Yes No					
SORTHIN, LOUIS SARASOTA FL 34237    B8			ent Registered Agent				0. Name and Address of New Re	gistered A	gent			
SARASOTA FL 34237  11. Fure sum to the processors of Science 607 0502 and 607 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am framer with, and accept the obligations of, section 607 0506. Florida Statutes, the corporation's board of directors. Thereby accept the appointment as registered agent. I am framer with, and accept the obligations of, section 607 0506. Florida Statutes, section 607 0507 0507 0507 0507 0507 0507 0507				8.	Name		•					
Section   Sect				<u></u>		Address	(P.O. Box Number is Not Acceptab	le)				
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 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 to minimum with, and accept the orbidations of section 607 0506, Florida Statutes  Signatrure  Signatrure  Of FICERS AND DIRECTORS  International statement for the purpose of changing its registered agent to provide agent to provi				8:	1							
office or registered agent, or hoth, in the State of Fiorida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent agent and accept the obligations of, Section 607 0505. Florida Statutes  SIGNATURE    22				84	City			FL	85 Zip	Code		
12.	office or r	egistored agent, or both, in the Sta im familiar with, and accept the obl	te of Florida. Such change was gations of, Section 607,0505, F	authorized b lorida Statute	y the cor	poration'	s board of directors. I hereby accep	ot the app	changing pintment a	its registered s registered		
DELETE   1.1 TITLE     Change   Addition					gent signature	e required w			0.05050	50 11.45		
SABATTINI, LOUIS   12 NAME   1.3 STREET ADDRESS   CITY-ST-ZIP   Change   Addition   Ad						т	ADDITIONS/CHANGES TO OFFIC	ERS AND				
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4. I do 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 charged, or on an attachment with an address.

SIGNATURE

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1-7-97

941-955-9512