

010788-TC

CK 1655
\$100.00
MC

1. Name of company or name of individual (not fictitious name or d/b/a): PINECASTLE CARE CENTER

2. Name under which applicant will do business (fictitious name, etc.): PINECASTLE CARE CENTER

3. Official mailing address:
Street: 1220 Jimmy ANN DRIVE
P.O. Box: _____
City: DAYTONA BEACH
State: FL Zip: 32117

4. Florida address:
Street: 1220 Jimmy ANN DRIVE
P.O. Box: _____
City: DAYTONA BEACH
State: FL Zip: 32117

5. Structure of organization:
 Individual
 Corporation
 General Partnership
 Limited Partnership
 Other: _____

DEPOSIT DATE
D075 ■ MAY 31 2001

6. If incorporated in Florida, provide proof of authority to operate in Florida:
Florida Secretary of State
Corporate Registration Number: 900087900211

- APP _____
- CAP _____
- CMP _____
- COM _____
- CTR _____
- ECR _____
- LEG _____
- OPC _____
- PAI _____
- RGO _____
- SEC _____
- SER _____
- OTH _____

Form PSC/CMU-32 (02/99)
Required by Commission Rule Nos. 25-24.510 & 25-24.511
File Name: cmu-32.doc