

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **J73984** (3)

1. Corporation Name

VEN-A-CARE OF THE FLORIDA KEYS, INC.



Principal Place of Business

Mailing Address

933 FLEMING STREET
KEY WEST FL 33040
US

933 FLEMING STREET
KEY WEST FL 33040
US

2. Principal Place of Business

2a. Mailing Address

21 Subj. Apt. #, etc.

26 Subj. Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

**COBO, LUIS E.
937 FLEMING ST
KEY WEST FL 33040**

3. Date Incorporated or Qualified

05/20/1987

3a. Date of Last Report

03/15/1995

4. FEI Number

59-2768504

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

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

Signature of Registered Agent (Print Name and Title of the Agent)

Date of Registered Agent Signature (Required when Agent is changed)

DATE

12. OFFICERS AND DIRECTORS		
TITLE	PDC	<input type="checkbox"/> DELETE
NAME	COBO, LUIS E.	
STREET ADDRESS	933 FLEMING ST	
CITY-ST-ZIP	KEY WEST FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	JONES, MARK	
STREET ADDRESS	933 FLEMING ST.	
CITY-ST-ZIP	KEY WEST FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BENTLEY, ZACHARY T.	
STREET ADDRESS	933 FLEMING STREET	
CITY-ST-ZIP	KEY WEST FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
2 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
3 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
4 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
5 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
6 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

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 included 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: *Zachary T. Bentley*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/96 305-292-1635
DATE DAYTIME PHONE #

CR2E034 (12/95)