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**Feb 18 1997 8:00am
Secretary of State**

PROFIT CORPORATION
ANNUAL REPORT
1997



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
**833 FLEMING STREET
KEY WEST FL 33040
US**

Mailing Address
**833 FLEMING STREET
KEY WEST FL 33040-8905
US**

3. Date Incorporated or Qualified 05/20/1987	3a. Date of Last Report 02/19/1996
4. FEI Number 59-2768504	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip Country	28. Zip Country
24. Zip	29. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent
**GOBO, LUIS E.
937 FLEMING ST
KEY WEST FL 33040**

10. Name and Address of New Registered Agent

81 Name Zachary T. Bentley II
82 Street Address (P.O. Box Numbers Not Acceptable) 933 Fleming St.
83
84 City Key West
85 Zip Code FL 33040

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: **Zachary T. Bentley II** (Signature, typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating) DATE: **2/13/97**

12. OFFICERS AND DIRECTORS

TITLE	POD <input checked="" type="checkbox"/> DELETE
NAME	GOBO, LUIS E.
STREET ADDRESS	937 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	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	John M. Lockwood M.D.
1.3 STREET ADDRESS	933 Fleming St
1.4 CITY-ST-ZIP	Key West FL 33040
2.1 TITLE	POD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Zachary T. Bentley II
2.3 STREET ADDRESS	933 Fleming St
2.4 CITY-ST-ZIP	Key West FL 33040
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 changed, or on an attachment with an address.

SIGNATURE: **Zachary T. Bentley II** (Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) DATE: **2/13/97** Daytime Phone #: **305-292-1635**

CR2E034 (9/96)