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

CITY-ST-ZIP

I hereby certify that the infindicated on this annual officer or director of the confloct 12 or Block 13 if director.

SIGNATURE:

Mar 02 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT #** J73984 (3) VEN-A-CARE OF THE FLORIDA KEYS, INC. Principal Place of Business Mailing Address 933 FLEMING STREET 933 FLEMING STREET KEY WEST FL 33040 KEY WEST FL 33040 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/20/1987 4. FEI Number 2. Principal Place of Business Mailing Address Applied For 59-2768504 21 Not Applicable Suite, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees Country Zio Country Zip 8. This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. Yes 30 25 29 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 Name ZACHARY, T. B II 933 FLEMING ST Street Address (P.O. Box Number is Not Acceptable) KEY WEST FL 33040 63 City 84 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 registured 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. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Channe Addition 1.1 TITLE TITLE ockwood, Tohn LOCKWOOD, JOHN M 1.2 NAME NAME 433 FLEMING ST 1.3 STREET ADDRESS STREET ADDRESS **KEY WEST FL** 1.4 CiTY-ST-ZiP CITY-ST-ZIP DELFTE ☐ Change Addition TITLE 2.1 TITLE NAME BENTLEY, ZACHARY T 2.2 NAME 933 FLEMING ST 2.3 STREET ADDRESS STREET ADDRESS **KEY WEST FL** CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Addition 3.1 TITLE ☐ Change TITLE BENTLEY, ZACHARY T. NAME 3.2 NAME 933 FLEMING STREET STREET ADDRESS 3.3 STREET ADDRESS **KEY WEST FL** CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Addition Change TITLE 41 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change ■ Addition 51 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5 3 STREET ADDRESS CFTY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE NAME 6.2 NAME STREET ADORESS 6.3 STREET ADDRESS

on symplicd with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information supplicing the same legal effect as if made under oath; that I am an only if receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

2/23/98

305 292-1635

FILED