

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

FILED
May 09 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 # P93000018935 (5)
 1. Corporation Name
FLORIDA FIRST CARE, INC.



Principal Place of Business: **613 ST. JOHNS AVENUE PALATKA FL 32177**
 Mailing Address: **P.O. BOX 2611 PALATKA FL 32178-2611 US**

2. Principal Place of Business (21-23) and Mailing Address (24-26) fields with sub-fields for Suite, City & State, Zip, and Country.

3. Date Incorporated or Qualified: **03/12/1993**
 3a. Date of Last Report: **05/01/1996**
 4. FEI Number: **59-3181248**
 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

9. Name and Address of Current Registered Agent
ALLEN, BETTY L. W.
613 ST. JOHNS AVENUE
SUITE 101
PALATKA FL 32177

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City
 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	RVP	<input type="checkbox"/> DELETE
NAME	ALLEN, BETTY L	
STREET ADDRESS	613 ST. JOHNS AVENUE 101	
CITY-ST-ZIP	PALATKA FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BOHANAN, JANICE	
STREET ADDRESS	613 ST. JOHNS AVENUE 101	
CITY-ST-ZIP	PALATKA FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	BOHANAN, JANICE	
STREET ADDRESS	613 ST. JOHNS AVENUE 101	
CITY-ST-ZIP	PALATKA 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	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Jack W. Allen	
1.3 STREET ADDRESS	613 St. Johns Ave	
1.4 CITY-ST-ZIP	Palatka, FL 32177	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Robert F. Allen	
3.3 STREET ADDRESS	613 St. Johns Ave.	
3.4 CITY-ST-ZIP	Palatka, FL 32177	
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: *Janice Bohanan* *Janice Bohanan* 4-29-97 904-328-6680

CR2E034 (9/96)