FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 PM 3:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F93000002402 (6)

1. Corporation Name
TRANSITIONAL CARE VENTURES (FLORIDA), INC.

Principal Place of Business	Mailing Address
639 LOYOLA AVENUE SUITE 1700 NEW ORLEANS LA 70139 US	639 LOYOLA AVENUE SUITE 1700 NEW ORLEANS LA 70139 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/21/1993
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3182790 ☐ 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

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	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 ______ DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCD	1 TITLE	☒ Change ☐ Addition
NAME	BROWNE, GREGORY H	1 NAME	
STREET ADDRESS	639 LOYOLA AVENUE, SUITE 1400	1 STREET ADDRESS	639 LOYOLA AVENUE - SUITE 1700
CITY-ST-ZIP	NEW ORLEANS LA 70113	1 CITY-ST-ZIP	
TITLE	VD	2 TITLE	☒ Change ☐ Addition
NAME	SODEN, BRUCE R	2 NAME	
STREET ADDRESS	639 LOYOLA AVENUE, SUITE 1400	2 STREET ADDRESS	639 LOYOLA AVENUE - SUITE 1700
CITY-ST-ZIP	NEW ORLEANS LA 70113	2 CITY-ST-ZIP	
TITLE	~~ST~~	3 TITLE	☒ Change ☐ Addition
NAME	~~EUMONT, JACK V. J~~	3 NAME	
STREET ADDRESS	~~639 LOYOLA AVENUE, SUITE 1400~~	3 STREET ADDRESS	
CITY-ST-ZIP	~~NEW ORLEANS LA~~	3 CITY-ST-ZIP	
TITLE	D	4 TITLE	☒ Change ☐ Addition
NAME	SILVERMAN, JOHN	4 NAME	
STREET ADDRESS	639 LOYOLA AVENUE, SUITE 1400	4 STREET ADDRESS	639 LOYOLA AVENUE - SUITE 1700
CITY-ST-ZIP	NEW ORLEANS LA 70113	4 CITY-ST-ZIP	
TITLE	VD	5 TITLE	SECRETARY/DIRECTOR ☒ Change ☐ Addition
NAME	DOSCH, CURTIS L	5 NAME	
STREET ADDRESS	639 LOYOLA AVENUE, SUITE 1400	5 STREET ADDRESS	639 LOYOLA AVENUE SUITE 1700
CITY-ST-ZIP	NEW ORLEANS LA 70113	5 CITY-ST-ZIP	
TITLE	D	6 TITLE	☒ Change ☐ Addition
NAME	BARTSCHT, KARL G.	6 NAME	
STREET ADDRESS	639 LOYOLA AVENUE STE 1700	6 STREET ADDRESS	639 LOYOLA AVENUE SUITE 1700
CITY-ST-ZIP	NEW ORLEANS LA	6 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(1)(e), 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: [signature] GREGORY H. BROWNE - PRESIDENT 4/25/95 504-585-2505

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

0302380 CP