

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 # 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

3. Date Incorporated or Qualified

05/21/1993

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PCO ☐ DELETE

NAME ~~BROWNE, GREGORY H~~
STREET ADDRESS 639 LOYOLA AVENUE, SUITE 1700
CITY - ST - ZIP NEW ORLEANS LA

TITLE VD ☐ DELETE

NAME ~~RODEN, BRUCE R~~
STREET ADDRESS 639 LOYOLA AVENUE, SUITE 1700
CITY - ST - ZIP NEW ORLEANS LA

TITLE ST ☐ DELETE

NAME ~~EUMONT, JACK V. J~~
STREET ADDRESS 639 LOYOLA AVENUE, SUITE 1400
CITY - ST - ZIP NEW ORLEANS LA

TITLE D ☐ DELETE

NAME ~~SILVERMAN, JOHN~~
STREET ADDRESS 639 LOYOLA AVENUE, SUITE 1700
CITY - ST - ZIP NEW ORLEANS LA

TITLE SD ☐ DELETE

NAME ~~DOSCH, CURTIS L~~
STREET ADDRESS 639 LOYOLA AVENUE, SUITE 1700
CITY - ST - ZIP NEW ORLEANS LA

TITLE D ☒ DELETE

NAME BARTSCH, KARL G.
STREET ADDRESS 639 LOYOLA AVENUE, SUITE 1700
CITY - ST - ZIP NEW ORLEANS LA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME REYNOLDA JENNINGS
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME JOHN QUINN
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME DANIEL SIMS
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME KEN COLICH
4.3 STREET ADDRESS 5 CONSCIENCE PKWY
4.4 CITY - ST - ZIP ATLANTA, GEORGIA 30328

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME JOHN SILVERMAN
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ 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 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01/23/96

504-525-2505

CR2E034 (12/95)