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May 15 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 # **F93000002402 (6)**

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

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

Mailing Address
~~639 LOYOLA AVENUE~~
~~SUITE 1700~~
~~NEW ORLEANS LA 70113-3182~~
~~US~~

3. Date Incorporated or Qualified: 05/21/1993
3a. Date of Last Report: 05/01/1996
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 ONE ALHAMBRA PLAZA
Suite, Apt. #, etc.
22 SUITE 750
City & State
23 CORAL GABLES, FLORIDA
Zip 24 33134 Country 25 US

2a. Mailing Address
26 ONE ALHAMBRA PLAZA
Suite, Apt. #, etc.
27 SUITE 750
City & State
28 CORAL GABLES FLORIDA
Zip 29 33134 Country 30 US

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

10. Name and Address of New Registered Agent
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 resigning) DATE

12. OFFICERS AND DIRECTORS

TITLE	PCD	☒ DELETE
NAME	JENNINGS, REYNOLD	
STREET ADDRESS	639 LOYOLA AVENUE, SUITE 1700	
CITY-ST-ZIP	NEW ORLEANS LA	
TITLE	VD	☐ DELETE
NAME	QUINN, JOHN	
STREET ADDRESS	639 LOYOLA AVENUE, SUITE 1700	
CITY-ST-ZIP	NEW ORLEANS LA	
TITLE	ST	☐ DELETE
NAME	SIMS, DANIEL	
STREET ADDRESS	639 LOYOLA AVENUE, SUITE 1400	
CITY-ST-ZIP	NEW ORLEANS LA	
TITLE	D	☐ DELETE
NAME	COUCH, KEN	
STREET ADDRESS	5 CONCOCIASE PKWY	
CITY-ST-ZIP	ATLANTA GA	
TITLE	D	☐ DELETE
NAME	SILVERMAN, JOHN	
STREET ADDRESS	639 LOYOLA AVENUE, SUITE 1700	
CITY-ST-ZIP	NEW ORLEANS LA	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☒ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS	ONE ALHAMBRA PLAZA SUITE 750	
2.4 CITY-ST-ZIP	CORAL GABLES, FLORIDA 33134	
3.1 TITLE		☒ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS	ONE ALHAMBRA PLAZA SUITE 750	
3.4 CITY-ST-ZIP	CORAL GABLES, FLORIDA 33134	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	PCD	☐ Change ☒ Addition
6.2 NAME	REMBERTO CIRAN	
6.3 STREET ADDRESS	ONE ALHAMBRA PLACE SUITE 750	
6.4 CITY-ST-ZIP	CORAL GABLES FLORIDA 33134	

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 [signature]

CR2E034 (9/96)