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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	Mailing Address
639 LOYOLA AVENUE SUITE 1700 NEW ORLEANS LA 70139 US	~~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	2a. Mailing Address
21 Suite, Apt. #, etc.: ONE ALHAMBRA PLAZA	26 Suite, Apt. #, etc.: ONE ALHAMBRA PLAZA
22 City & State: SUITE 750	27 City & State: SUITE 750
23 Zip / Country: CORAL GABLES, FLORIDA	28 Zip / Country: CORAL GABLES FLORIDA
24 33134 / 25 US	29 33134 / 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PCD	☒ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	JENNINGS, REYNOLD		1.2 NAME		
STREET ADDRESS	639 LOYOLA AVENUE, SUITE 1700		1.3 STREET ADDRESS		
CITY-ST-ZIP	NEW ORLEANS LA		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	QUINN, JOHN		2.2 NAME		
STREET ADDRESS	639 LOYOLA AVENUE, SUITE 1700		2.3 STREET ADDRESS	ONE ALHAMBRA PLAZA SUITE 750	
CITY-ST-ZIP	NEW ORLEANS LA		2.4 CITY-ST-ZIP	CORAL GABLES, FLORIDA 33134	
TITLE	ST	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	SIMS, DANIEL		3.2 NAME		
STREET ADDRESS	639 LOYOLA AVENUE, SUITE 1400		3.3 STREET ADDRESS	ONE ALHAMBRA PLAZA SUITE 750	
CITY-ST-ZIP	NEW ORLEANS LA		3.4 CITY-ST-ZIP	CORAL GABLES, FLORIDA 33134	
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	COUCH, KEN		4.2 NAME		
STREET ADDRESS	5 CONCOCIASE PKWY		4.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	SILVERMAN, JOHN		5.2 NAME		
STREET ADDRESS	639 LOYOLA AVENUE, SUITE 1700		5.3 STREET ADDRESS		
CITY-ST-ZIP	NEW ORLEANS LA		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	PCD	☐ Change ☒ Addition
NAME			6.2 NAME	REMBERTO CIARAN	
STREET ADDRESS			6.3 STREET ADDRESS	ONE ALHAMBRA PLACE SUITE 750	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	CORAL GABLES FLORIDA 33134	

CR2E034 (9/96)

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 _____ 05/14/1997