

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

**FILED**  
**May 18 1998 8:00am**  
**Secretary of State**

<b>PROFIT CORPORATION ANNUAL REPORT 1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Northam</b> 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**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**05/21/1993**

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business  
**21 One Alhambra Plaza**

2a. Mailing Address  
**26 One Alhambra Plaza**

Suite, Apt. #, etc.  
**22 Suite 750**

Suite, Apt. #, etc.  
**27 Suite 750**

City & State  
**23 Coral Gables, FL**

City & State  
**28 Coral Gables, FL**

Zip Country  
**24 33134 25 US**

Zip Country  
**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
85	Zip Code

**FL**

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 the applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>VD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>QUINN, JOHN</b>	
STREET ADDRESS	<b>639 LOYOLA AVENUE, SUITE 1700</b>	
CITY-ST-ZIP	<b>NEW ORLEANS LA</b>	

TITLE	<b>ST</b>	<input type="checkbox"/> DELETE
NAME	<b>SIMS, DANIEL</b>	
STREET ADDRESS	<b>639 LOYOLA AVENUE, SUITE 1400</b>	
CITY-ST-ZIP	<b>NEW ORLEANS LA</b>	

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>COUCH, KEN</b>	
STREET ADDRESS	<b>5 CONCOCIASE PKWY</b>	
CITY-ST-ZIP	<b>ATLANTA GA</b>	

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>SILVERMAN, JOHN</b>	
STREET ADDRESS	<b>639 LOYOLA AVENUE, SUITE 1700</b>	
CITY-ST-ZIP	<b>NEW ORLEANS LA</b>	

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	<b>P/D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Cibran, Bert G.</b>	
1.3 STREET ADDRESS	<b>One Alhambra Plaza, Suite 750</b>	
1.4 CITY-ST-ZIP	<b>Coral Gables, FL 33134</b>	

2.1 TITLE	<b>VP/T/S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Sims, Daniel</b>	
2.3 STREET ADDRESS	<b>One Alhambra Plaza, Suite 750</b>	
2.4 CITY-ST-ZIP	<b>Coral Gables, FL 33134</b>	

3.1 TITLE	<b>VP/D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Lang, Carol C.</b>	
3.3 STREET ADDRESS	<b>One Alhambra Plaza, Suite 750</b>	
3.4 CITY-ST-ZIP	<b>Coral Gables, FL 33134</b>	

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 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 in an attachment with an address.

SIGNATURE

*[Signature]*

**Daniel Sims**

**4/29/98**

**(305) 562-6002**

CR2E034 (10/97)