

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 8:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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****200.00 ****200.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # F94000004421 (3)

1. Corporation Name

FC-DST-9-ACC-CORP.
FIRST CHOICE HOME CARES INC.

Principal Place of Business

222 LAKEVIEW AVENUE, STE 160, BOX 61
WEST PALM BEACH FL 33401

Mailing Address

222 LAKEVIEW AVENUE, STE 160, BOX 61
WEST PALM BEACH FL 33401

3. Date Incorporated or Qualified

08/24/1994

3a. Date of Last Report

4. FEI Number

65-0510692

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

7. This corporation has liability for a taxable tax under 135-022
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23

2a. Mailing Address

25 Suite, Apt. #, etc

26 City & State

27

28

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET, STE 105
TALLAHASSEE FL 32301

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 of Agent or Principal Officer of Corporation)

(Signature of Registered Agent or Principal Officer of Corporation)

(Date)

12. OFFICERS AND DIRECTORS

11 TITLE
NAME PCD
STREET ADDRESS SCHWARZBERG, DEBORAH
CITY, ST, ZIP 222 LAKEVIEW AVENUE, STE 160, BOX 61
WEST PALM BEACH FL

12 TITLE
NAME VT
STREET ADDRESS SCHWARZBERG, STEVEN L
CITY, ST, ZIP 222 LAKEVIEW AVENUE, STE 800
WEST PALM BEACH FL

13 TITLE
NAME S
STREET ADDRESS BROWN, MORRIS C
CITY, ST, ZIP 222 LAKEVIEW AVENUE, STE 800
WEST PALM BEACH FL

14 TITLE
NAME T
STREET ADDRESS FREDERICK R. LEATHERS
CITY, ST, ZIP 197 FIRST AVE
NEEDHAM MA 02194

15 TITLE
NAME SV
STREET ADDRESS RICHARD S. MANN
CITY, ST, ZIP 197 FIRST AVE
NEEDHAM MA 02194

16 TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

17. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.022, 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 trustee or trustee empowered to execute the 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]

FREDERICK R. LEATHERS

4/24/95

(617) 433-1000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR