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PROFIT
CORPORATION
ANNUAL REPORT
1996

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

400001838504
-05/24/96--01038--043
***200.00

DOCUMENT # F94000004421

1. Corporation Name

First Choice Home Cares, Inc.

Principal Place of Business	Mailing Address

3. Date Incorporated or Qualified: 8/24/94
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 777 S. Flagler Dr.	26 777 S. Flagler Dr.
Suite, Apt. #, etc. 22 Suite 1000E	Suite, Apt. #, etc. 27 Suite 1000E
City & State 23 West Palm Beach	City & State 28 West Palm Beach
Zip 24 33401 / Country 25	Zip 29 33401 / Country 30

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

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
	81 Name: CT Corporation System
	82 Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road
	83
	84 City: Plantation FL 85 Zip Code: 33324

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 [illegible] as 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: Darleen H. Kreatz — KATHLEEN H. KREATZ, SPECIAL ASST. SECRETARY — April 25, 1996
(Signature, typed or printed name of registered agent and date, if applicable) (Only Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	1 1 TITLE / 1 2 NAME / 1 3 STREET ADDRESS / 1 4 CITY-ST-ZIP	☐ Change ☒ Addition: D; Abraham D. Gosman; 777 S. Flagler Dr., STE 1000E; W. Palm Beach, FL 33401
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	2 1 TITLE / 2 2 NAME / 2 3 STREET ADDRESS / 2 4 CITY-ST-ZIP	☐ Change ☒ Addition: P; Robert A. Miller; 777 S. Flagler Dr., STE 1000E; W. Palm Beach, FL 33401
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3 1 TITLE / 3 2 NAME / 3 3 STREET ADDRESS / 3 4 CITY-ST-ZIP	☐ Change ☒ Addition: T; Frederick R. Leathers; 777 S. Flagler Dr., STE 1000E; W. Palm Beach, FL 33401
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4 1 TITLE / 4 2 NAME / 4 3 STREET ADDRESS / 4 4 CITY-ST-ZIP	☐ Change ☒ Addition: S; Denise Schumann; 777 S. Flagler Dr., STE 1000E; W. Palm Beach, FL 33401
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5 1 TITLE / 5 2 NAME / 5 3 STREET ADDRESS / 5 4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6 1 TITLE / 6 2 NAME / 6 3 STREET ADDRESS / 6 4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (12/95)

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: Denise Schumann — 4/29/96 (Date) — 407-655-3500 (Daytime Phone #)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Denise L. Schumann, Secretary

SG 5-1-96