2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # F94000004421 Jul 17, 2000 8:00 am 1. Entity Name Secrétary of State FIRST CHOICE HOME CARES, INC. 07-17-2000 90117 022 ***550.00 Mailing Address Principal Place of Business 777 S FLAGLER DR 777 S FLAGLER DR SUITE 1000-E SUITE 1000-E WEST PALM BEACH FL 33401-6152 WEST PALM BEACH FL 33401 2. Principal Place of Business 3. Mailing Address ALT /2300 AIA 12300 ALT Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 102 **10 Z** City & State BEACH City & State ALM BEACH Applied For 4. EEI Number 65-0510692 GARDIN FL Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required_ 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S PINE ISLAND DR PLANTATION FL 33324 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition CEO-TITLE PARSIDENT Change Change TITLE Delete GOSMAN, ABRAHAM D NAME NAME 777 S FLAGLER DR SUITE 1000E STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33401 ☐ Addition TITLE 🔼 Delete TITLE GARDNER, GREG NAME NAME STREET ADDRESS STREET ADDRESS 777 S FLAGLER DR SUITE 1000E CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL ☐ Change ☐ Addition TITLE 🗓 Delete TITLE LEATHERS, FREDERICK R NAME NAME STREET ADDRESS 777 S FLAGLER DR SUITE 1000E STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33401 ☐ Change ☐ Addition TITLE TITLE Delete SCHUMANN, DENISE NAME NAME 777 S FLAGLER DR SUITE 1000E STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33401 CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Detete TITLE TITLE

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachmer with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS CITY-ST-7IP

SONATINE AND THE OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

7-6-00

817 377-2386

Daytime Phone