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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **J05424** **(3)**

1. Corporation Name

FIRST COAST HOME HEALTH CARE, INC.

Principal Place of Business	Mailing Address
301 HEALTH PARK BLVD 108 ST. AUGUSTINE FL 32086	301 HEALTH PARK BLVD 108 ST. AUGUSTINE FL 32086

3. Date Incorporated or Qualified: 03/24/1986
3a. Date of Last Report: 03/01/1995
4. FEI Number: 59-2662020 ☐ 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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

BOWEN, WILLIAM L
301 HEALTH PARK BLVD #108
ST. AUGUSTINE FL 32086

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, typed or printed name of registered agent and date if applicable (NOTE: 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	PD BOWEN, WILLIAM L. 1 SAN SALVADOR STREET ST. AUGUSTINE FL 32084 ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PRESIDENT/TREASURER BOWEN, WILLIAM L. 301 HEALTH PARK BLVD. SU.109 ST. AUGUSTINE, FL. 32086 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V BOWEN, MARGRET T 1 SAN SALVADOR STREET ST. AUGUSTINE FL 32084 ☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S BOWEN, WILLIAM J 9133 MELLON COURT ST. AUGUSTINE FL 32086 ☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	VICE PRESIDENT/SECRETARY BOWEN, WILLIAM J. 9133 MELLON COURT ST. AUGUSTINE, FL. 32086 ☒ Change ☐ Addition
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
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: William L. Bowen WILLIAM L. BOWEN 2/6/96 (904) 829-5591
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #