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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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
301 HEALTH PARK BLVD 108
ST. AUGUSTINE FL 32086

Mailing Address
301 HEALTH PARK BLVD 108
ST. AUGUSTINE FL 32086-5771

3. Date Incorporated or Qualified: **03/24/1986**
3a. Date of Last Report: **02/12/1996**

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip 24 Country 25

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip 29 Country 30

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

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: Wm Bowen WM. L. BOWEN PRESIDENT (NO CHANGE) 3/15/97
Signature of a Director or Incorporator must be included in the change, if applicable — (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS

TITLE	PT	☐ DELETE
NAME	BOWEN, WILLIAM L.	
STREET ADDRESS	301 HEALTH PARK BLVD, SUITE 109	
CITY-ST-ZIP	ST. AUGUSTINE FL	
TITLE	VPS	☐ DELETE
NAME	BOWEN, WILLIAM J	
STREET ADDRESS	9133 MELLON COURT	
CITY-ST-ZIP	ST. AUGUSTINE FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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 on an attachment with an address.

SIGNATURE: Wm Bowen WM. L. BOWEN PRES. 3/15/97 (904) 829-5591
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Telephone #

0017337