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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	Mailing Address
301 HEALTH PARK BLVD 108 ST. AUGUSTINE FL 32086	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 the New Registered Agent, if changing (CRTE Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	BOWEN, WILLIAM L.		1.2 NAME	
STREET ADDRESS	301 HEALTH PARK BLVD, SUITE 109		1.3 STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE FL		1.4 CITY-ST-ZIP	
TITLE	VPS	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BOWEN, WILLIAM J		2.2 NAME	
STREET ADDRESS	9133 MELLON COURT		2.3 STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE FL		2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			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