


AND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
OUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION  
ANNUAL REPORT  
1999



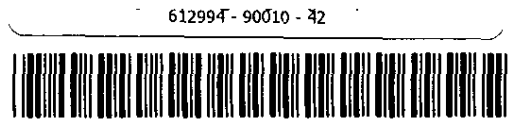
FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Sep 07, 1999 8:00 am  
Secretary of State  
09-07-1999 90010 042 \*\*\*550.00

DOCUMENT # J05424  
Corporation Name FIRST COAST HOME HEALTH CARE, INC.

Principal Place of Business  
HEALTH PARK BLVD 108  
AUGUSTINE FL 32086

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



Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
03/24/1986

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 owes the current year Intangible Personal Property. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent  
MCLEAN, DANIEL  
301 HEALTH PARK BLVD  
STE 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)  
300 Health Park Blvd, Ste 1002

83

84 City FL 85 Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<input type="checkbox"/> DELETE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	1.1 TITLE	
ET ADDRESS	301 HEALTH PARK BLVD STE 108	1.2 NAME	
ST-ZIP	ST. AUGUSTINE FL 32086	1.3 STREET ADDRESS	300 Health Park Blvd, Ste 1002
		1.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	2.1 TITLE	
ET ADDRESS	301 HEALTH PARK BLVD STE 108	2.2 NAME	
ST-ZIP	ST AUGUSTINE FL 32086	2.3 STREET ADDRESS	300 Health Park Blvd, Ste 1002
		2.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	3.1 TITLE	
ET ADDRESS		3.2 NAME	
ST-ZIP		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	4.1 TITLE	
ET ADDRESS		4.2 NAME	
ST-ZIP		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	5.1 TITLE	
ET ADDRESS		5.2 NAME	
ST-ZIP		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	6.1 TITLE	
ET ADDRESS		6.2 NAME	
ST-ZIP		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

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: Daniel McLean REQUIRED 9-1-99

CR2E034 (5/99)