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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 # **L61693** **(2)**

1. Corporation Name
CASE MANAGEMENT CHOICES, INC.

Principal Place of Business
2865 PLUMMERS COVE RD
STE 2
JACKSONVILLE FL 32223
US

Mailing Address
2865 PLUMMERS CPVE RD
STE 2
JACKSONVILLE FL 32223-6670
US

3. Date Incorporated or Qualified: 04/02/1990
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
21 4237 Salisbury Road
Suite, Apt. # etc.
22 Suite 207
City & State
23 Jacksonville FL
Zip
24 32216
Country
25 Duval

2a. Mailing Address
26 4237 Salisbury Road
Suite, Apt. # etc.
27 Suite 207
City & State
28 Jacksonville FL
Zip
29 32216
Country
30 Duval

4. FEI Number: 59-3096673 ☐ 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
KOWLSEN, TINA
5063 RUE STREET
JACKSONVILLE FL 32258

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 ____ (NOTE: Registered Agent signature required when reinstating) DATE ____

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	KOWLSEN, MICHAEL	
STREET ADDRESS	5063 RUE STREET	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	V	☐ DELETE
NAME	KOWLSEN, TINA	
STREET ADDRESS	5063 RUE STREET	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	S	☐ DELETE
NAME	VIGLIOTTI, MARGARET	
STREET ADDRESS	1316 OAK ROAD	
CITY-ST-ZIP	LIBURN GA	
TITLE	T	☐ DELETE
NAME	VIGLIOTTI, DOMINIC	
STREET ADDRESS	1316 OAK ROAD	
CITY-ST-ZIP	LILBURN GA	
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: Michael D. Kowlsen — 3-20-97 — (904) 279-0077
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / Date / Daytime Phone #