

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000038130 (8)**

1. Corporation Name

ULTIMATE CARE OF FLAGLER COUNTY, INC.



Principal Place of Business

**53 WEYMOUTH LANE
PALM COAST FL 32137**

Mailing Address

**53 WEYMOUTH LANE
PALM COAST FL 32137**

3. Date Incorporated or Qualified

05/20/1994

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-3288035

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

10. Name and Address of New Registered Agent

**LARSEN, PATRICIA A
53 WEYMOUTH LANE
PALM COAST FL 32137**

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. Thereby, 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 the corporation

Signature typed or printed name of registered agent and the corporation

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**DP
LARSEN, PATRICIA A.
53 WEYMOUTH LANE
PALM COAST FL**

TITLE ☐ DELETE

TITLE ☐ DELETE

TITLE ☐ DELETE

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition

2. NAME ☐ Change ☐ Addition

3. STREET ADDRESS ☐ Change ☐ Addition

4. CITY-ST-ZIP ☐ Change ☐ Addition

5. CITY-ST-ZIP ☐ Change ☐ Addition

6. CITY-ST-ZIP ☐ Change ☐ Addition

7. CITY-ST-ZIP ☐ Change ☐ Addition

8. CITY-ST-ZIP ☐ Change ☐ Addition

9. CITY-ST-ZIP ☐ Change ☐ Addition

10. CITY-ST-ZIP ☐ Change ☐ Addition

11. CITY-ST-ZIP ☐ Change ☐ Addition

12. CITY-ST-ZIP ☐ Change ☐ Addition

13. CITY-ST-ZIP ☐ Change ☐ Addition

14. CITY-ST-ZIP ☐ Change ☐ Addition

15. CITY-ST-ZIP ☐ Change ☐ Addition

16. CITY-ST-ZIP ☐ Change ☐ Addition

17. CITY-ST-ZIP ☐ Change ☐ Addition

18. CITY-ST-ZIP ☐ Change ☐ Addition

19. CITY-ST-ZIP ☐ Change ☐ Addition

20. CITY-ST-ZIP ☐ Change ☐ Addition

21. CITY-ST-ZIP ☐ Change ☐ Addition

22. CITY-ST-ZIP ☐ Change ☐ Addition

23. CITY-ST-ZIP ☐ Change ☐ Addition

24. CITY-ST-ZIP ☐ Change ☐ Addition

25. CITY-ST-ZIP ☐ Change ☐ Addition

26. CITY-ST-ZIP ☐ Change ☐ Addition

SIGNATURE:

Patricia A. Larsen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28

445-8800

CR2E034 (12/95)