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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

P94000038130 (8)

ULTIMATE CARE OF FLAGLER COUNTY, INC.

Principal Place of Business Mailing Address 53 WEYMOUTH LANE 53 WEYMOUTH LANE PALM COAST FL 32137 PALM COAST FL 32137 3. Date incorporated or Qualified 3a. Date of Last Report 05/20/1994 05/01/1995 4. FEI Numbe 2. Principal Place of Business 2a. Mailing Address Applied for 59-3288035 Not Applicable 21 26 Suite, Apt. #, etc \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 6. Election Campaign Financing City & State City & State \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country 8. This corporation has liability for intangible tax under s. 199.032, Zio Zio Country Yes No Florida Statutes 29 30 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable) LARSEN, PATRICIA A 82 53 WEYMOUTH LANE 83 PALM COAST FL 32137 Zip Code 84 City 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. Familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Styriat inality tied or printed rearrance rengelessis, layer translation map the at (No. (Te. Frey Hersel Ages t separative responds when herestating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition DELETE L 1 TILLE TITLE 1.2 NAME LARSEN, PATRICIA A. NAME **53 WEYMOUTH LANE** 1.3 STREET ADDRESS STREET ADDRESS PALM COAST FL 1.4 CHY-ST-7IP CITY-ST-ZIP Addition Change TITLE [T] DELETE 2 1 TILLE 2.2 NAME NAME STHEET ADDRESS 2.3 STREET ADDRESS CITY-ST-Z-P 2.4 C(T) - \$1 - ZIP DELETE Change Add:tion 3 1 Till E TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY - ST - ZIP CITY - ST - ZIP DELETE ☐ Addition TITLE 4 STITLE NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CH1Y - S1 - Z:P DELFTE Change ☐ Addition 5 1 TifeE TITLE 5.2 NAME NAMÉ 5.3 STREET ADDRESS STREET ADDRESS 5.4.0(1) - ST-2(P CITY-ST-ZIP DELETE Change Addition € 1 TIFLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and abcurate and that my signature shall have the same legal effect as if made under early 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 attach

6.4 C/TY - ST - Z/F

SIGNATURE:

CITY - ST - ZIP

CR2E034 (12/95)