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

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT #
1. Corporation Name

P95000002961 (7)

FLAGLER LIFE CARE, INC.

Principal Place of Business

Mailing Address

FILED Mar 07 1996 8:00 am Secretary of State



3100 NO. FL WEST PALM	AGLER DRIVE BEACH FL	3400 NO. FLAGLER D WEST PALM BEACH			
				3. Date Incorporated or Qualified 01/11/1995	3a. Dale of Last Report
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
سے جاہے 21	S N. Flagler Dr	26 Same		65-054644	Not Applicable
Suite, Apt. :	114	Suite, Apt. #, etc.		5. Certificate of Status Desired	See Required
Crty & State	t Palm Beach	City & State		Flection Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 33 40		Z ip	Gountry 30	8. This corporation has liability for Florida Statutes	
	9. Name and Address of Current	Registered Agent		10. Name and Address of New P	egistered Agent
*****			81 Name		
	PHILIP H III		82 Street A	ddress (P.O. Box Number is Not Acceptac	le)
	ALM BEACH LAKES BLVD. STE. 1	000			·
WEST P	ALM BEACH FL 33401		83		
			84 City	77.74.4	FL 85 Zip Code
11. Pursuant to	to the provisions of Sections 607.0502 and agent, or both, in the State of Florida	ind 607.1508, Florida Statut	es, the above-named cor	poration submits this statement for the pur loard of directors. I hereby accept the appr	
familiar wit	th, and accept the obligations of Section	n 607.0505, Florida Statutes	B	roard or directors. Thereby accept the appr	omunent as registered agent. I am
SIGNATURE _	<u>.</u>				
12.	Signature, typed or printed name of registered agent as OFFICERS AND		DIE Begiste od Agent signat ne ne.		CiAle
TITLE	OFFICENS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	
NAME			i i	President,	Change Addition
STREET ADDRESS			1.2 NAME	pretta Gardner	
C-TY - ST - ZiP			1.3 STREET ADDRESS	gioo M. Elpalay Dri	VO 71 3745
TiTLE		DELETE	1.4 C(1Y - ST - Z)P 2 1 T(TLE	Went Palm Ria	Change Addition
NAME					Change Addition
STREET ADDRESS				heodore Tarone	•.
CITY-ST-2/P				MON. Flagier Driving	1. C/ 23/437
TITLE		[] DELETE	3 1 TITLE	SOLT LOWILL BROKE	Change Addition
NAME			3.2 NAME		C large C Roution
STREET ADDRESS			3.3 STHEET ADDRESS		
CITY-ST-ZIP			3.4 CHTY - \$1 - 71P		
TITLE		DELETE	4 1 TITLE		Change Addition
NAME		-	4.2 NAME		D overde D vandou
STREET ADDRESS			4.3 STREET ADDRESS		
C(TY ST-Z)P			4.4.0:TY-S1-7:P		
1-TLE		DELE1E	5 1 HILE		Change Addition
NAME:			5.2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-SI-ZIP			5.4 CITY - ST - ZIP		
TILE		DELETE	6 1 TIFLE		Change Addition
NAME			6.2 NAME		
S1REÇT ADDRESS			63 STREET ADORESS		
CITY-ST-ZIP			6.4 CITY - ST - ZIP		
	certify that the information supplied wi	to this filma is voluntarily furn		v for the exemption stated in Section 1191	OZIZVILL Florida Statutas 1.5 other

certify that the information indicated on this around 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 change), or on an attachment with an address.

SIGNATURE:

URE AND TYPED OR PAINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/96 407-835-3707