## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

Mailing Address

1100 MARY JOYE AVE

INDIAN HARBOUR BEACH FL 32937-4268

PROFIT
CORPORATION
ANNUAL REPORT

1997

Principal Place of Business

INDIAN HARBOUR BEACH FL 32937

1100 MARY JOYE AVE

NAME STREET ADDRESS

THEF NAME

CITY - ST - ZIP

STREET ADDRESS

appears in Block 12 or Block 13 if changed



FLORIDA DEPARTMENT OF STATE

FILED

May 02 1997 8:00am

Secretary of State

Change

Addition

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # **P95000094590** (3)

A BETTER CHOICE HOME HEALTH CARE, INC.

3. Date Incorporated or Qualified 3a. Date of Last Report 96 01/01/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 Not Applicable Suite, Apt. #, etc. Suite Ant. #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country 700 Country Zip 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name DANIELS, BARBARA J 1100 MARY JOYE AVE Street Address (P.O. Box Number is Not Acceptable) INDIAN HARBOUR BEACH FL 32937 83 Zip Code 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Danie SIGNATURE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 (96/6)Change Addition DELETE 11 TITLE TITLE Daniels, Barbara J 1.2 NAME CR2E034 NAME fresident Vice 1100 MARY JOYE AVE 1.3 STREET ADDRESS STREET ADDRESS PATRICIA M FLANAGAN INDIAN HARBOUR BEACH FL 32937 1.4 CITY-ST-ZIP CHY-SI 69 ROYAL OAK CT #203 DELETE Addition 21 THLE 1.115 VERO RE Beach, FL NAME 22 NAME 32962 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-S1-70 DELETE Change Addition THE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP 0(1Y-51-2)<sup>3</sup> DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADORESS 4.4 CITY-ST-ZIP CHY S1-76 DELETE Change Addition THE 51 TITLE 5.2 NAME

DAYLORE AND TYPER OR PROTESUAME OF SIGNING OFFICER OR DIRECTOR PLAS I de Daylore Phone :

3 ay bara J. Daniel S-President 0010444

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.4 City-St-ZiP

14. If do 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

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

DELETE

or on an attachment with an address