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Apr 08 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000083106 (0)

1. Corporation Name

A BETTER CHOICE HOME HEALTH SERVICES, INC.

Principal Place of Business

1100 MARY JOYE AVENUE
INDIAN HARBOR BEACH FL 32937

Mailing Address

1100 MARY JOYE AVENUE
INDIAN HARBOR BEACH FL 32937-4269

3. Date Incorporated or Qualified

10/03/1996

3a. Date of Last Report

10/3/96

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

4. FEI Number

65-0700157

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

DANIELS, BARBARA J
1100 MARY JOYE AVENUE
INDIAN HARBOR BEACH FL 32937

10. Name and Address of New Registered Agent

81 Name

Flanagan, Patricia M.

82 Street Address (P.O. Box Number is Not Acceptable)

1100 Mary Joye Ave.

83 City

Indian Harbour Beach, FL 32937

84 Zip

Indian Harbour Beach FL 32937

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

Patricia M. Flanagan

(NOTE: Registered Agent signature required when reinstating)

DATE

4/1/97

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME
CHAPPELL, JAMES D
STREET ADDRESS
1579 GKENTRY LANE
CITY - ST - ZIP
SEBASTIAN FL 32958

TITLE ☐ DELETE

NAME
FLANAGAN, PATRICIA M
STREET ADDRESS
69 ROYAL OAK CT #203
CITY - ST - ZIP
VERO BEACH FL 32961

TITLE ☒ DELETE

NAME
DANIELS, BARBARA J
STREET ADDRESS
1100 MARY JOYE AVE.
CITY - ST - ZIP
INDIAN HARBOR BEACH FL 32937

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

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

14. I 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 contained 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, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/97

Date

(407) 773 1267

Daytime Phone #

CR2E034 (9/96)