SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P970000072141

CHOICE ONE CARE, INC.

Principal Place of Business	Mailing Address
8508 TURKEY OAKS DRIVE, SOUTH	8508 TURKEY OAKS DRIVE.

FILED Aug 10, 1999 8:00 am Secretary of State

08-10-1999 90005 047 ***550.00 08-10-1999 90005 048 *****8.75



3. Date Incorporated or Qualified 01/24/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For				CKSONVILLE FL 32277					
2. Principal Place of Business							DO NOT WRITE IN THIS SPACE		
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Suite, Apt. 8, etc.									
Sulle, Apt. F. etc. Sulle, Apt. F. etc. Sulle, Apt. F. etc. Sulle, Apt. F. etc. Sulle, Apt. F. etc. S. Certificate of Status Desired S. 75, Additional Free Required S. 70, Additional Free Require	Principal Place of Business 2a. Mailing Address						——		
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City & State 23						i & Cortificate of Status Desired NO			
28				_		6. Election Campaign Financing \$5.0	00 May Be		
Zip	 , ```								
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BSUB TURKEY OAKS DRIVE, SUDTH JACKSONVILLE FL 32277 44 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 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, 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 and marrial agent and accept the obligations of, section 607,0505, Florida Statutes. SIGNATURE SIGNATURE Operation, typed or printed name of registered agent and their agelicable. INOTE: Registered Agent syndrom required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. STREET ADDRESS CITY-612P ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. STREET ADDRESS CITY-612P 14. CITY-612P 15. TITLE 1					ا	89 Street Address (D.O. Boy Number in Not Acceptable)			
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14. I 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	l l								
	14. I hereby ce	rtify that the information supplied w	th this filing does	not qualify for t	he exempti	on stated in	section 119.07(3)(i), Florida Statutes. I further certify that the in	nformation	

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 attachment with an address.