

## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000098253

1. Entity Name

FIRST CHOICE CARE, INC.

Principal Place of Business  
3240 C.R. 1  
PALM HARBOR FL 34683

Mailing Address  
3240 C.R. 1  
PALM HARBOR FL 34683

2. Principal Place of Business  
1444 Wildwoodch Po Box 285  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

4. City & State  
Dunedin  
Zip FL 34698 Country USA

5. City & State  
Dunedin  
Zip FL 34697 Country USA

6. Name and Address of Current Registered Agent  
RICHARDS, PATRICIA  
3240 COUNTY RD 1  
PALM HARBOR FL 34683

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
1444 Wildwood ch.  
City Dunedin Zip Code FL 34698

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) FILE NOW!!! FEE IS \$150.00  
After May 1, 2002 Fee will be \$550.00  
Make Check Payable to Department of State10. Election Campaign Financing  
Trust Fund Contribution. \$5.00 May Be  
Added to Fees

## 11. OFFICERS AND DIRECTORS

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

CR2E034 (9/01)

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV RICHARDS, PATRICIA A 3240 C.R. 1 PALM HARBOR FL 34683	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED  
May 22, 2002 8:00 am  
Secretary of State

05-22-2002 90162 020 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

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