FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **S72902** **(7)**

1. Corporation Name

PORT ST. LUCIE FAMILY CARE, INC.

Principal Place of Business

3241 S.W. PORT ST. LUCIE BLVD.
PORT ST. LUCIE FL 34953

Mailing Address

3241 S.W. PORT ST. LUCIE BLVD.
PORT ST. LUCIE FL 34953

3. Date Incorporated or Qualified: **08/09/1991**

3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: **65-0279709** ☐ Applied For ☑ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$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

BALLARD, HELEN S.
~~**121 QUEEN BESS CT.**~~
1409 MARISOL LN.
PORT ST. LUCIE FL 34952

10. Name and Address of New Registered Agent

81 Name: Ballard, Helen S
82 Street Address (P.O. Box Number is Not Acceptable): 1409 MARISOL LN.
83 Port St. Lucie
84 City **FL** 85 Zip Code 34952

11. Pursuant to the provisions of Sections 607.0502 and 607.1638, 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: Helen S. Ballard 2/8/96
Signature of New Registered Agent, if changed — Name of New Registered Agent — Date

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	BALLARD, HELEN		12 NAME	
STREET ADDRESS	1409 MARISOL LANE		13 STREET ADDRESS	
CITY-ST-ZIP	PORT ST. LUCIE FL		14 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	GRANT, MORTON		22 NAME	
STREET ADDRESS	1127 SEMINOLE EAST		23 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL		24 CITY-ST-ZIP	
TITLE	STD	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	CARROLL, WILLIAM C.		32 NAME	
STREET ADDRESS	121 QUEEN BESS CT.		33 STREET ADDRESS	
CITY-ST-ZIP	FT. PIERCE FL		34 CITY-ST-ZIP	
TITLE		☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME			42 NAME	
STREET ADDRESS			43 STREET ADDRESS	
CITY-ST-ZIP			44 CITY-ST-ZIP	
TITLE		☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 appears in Block 12 or Block 13 if changed or added on an attachment with an address.

SIGNATURE: Helen S. Ballard - HELEN S. Ballard Pres. 3/8/96 407 336 3028
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #