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FILED

Apr 24 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # S72902

(7)

1. Corporation Name

PORT ST. LUCIE FAMILY CARE, INC.



Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~BALLARD, HELEN S.~~  
~~4409 MARISOL LN~~  
~~1409 MARISOL LN~~  
~~PORT ST. LUCIE FL 34952~~

Morton D Grant MD  
3D Bella Vista  
1127 Seminole East  
Jupiter, FL 33477

81 Name GRANT, MORTON D. M.D.  
82 Street Address (P.O. Box Number is Not Acceptable)  
3D Bella Vista  
83 1127 SEMINOLE EAST  
84 City JUPITER FL 85 Zip Code 33477

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

*Morton D Grant MD*

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

(NOTE: Registered Agent's signature required when reinstating)

4/18/97

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BALLARD, HELEN	
STREET ADDRESS	1409 MARISOL LANE	
CITY-ST-ZIP	PORT ST. LUCIE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	GRANT, MORTON	
STREET ADDRESS	1127 SEMINOLE EAST	
CITY-ST-ZIP	JUPITER FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	CARROLL, WILLIAM C.	
STREET ADDRESS	121 QUEEN BESS CT.	
CITY-ST-ZIP	FT. PIERCE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 on an attachment with an address.

SIGNATURE:

*Morton D Grant MD*

3/31/97 561-336-3008

CR2E034 (9/96)