FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



ELOBIDA DEDADTMENT DE STAT

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED Jan 15 1998 8:00am Secretary of State

FIRST CHOICE HOME CARE NURSING INC. Principal Place of Business Mailing Address 801 W 49ST 210 100 HIALEAH FL 33012 US DO NOT WRITE IN THIS SE 3. Date incorporated or Qualified 10/31/1991 2. Principal Place of Business 2a. Mailing Address 2b. Mailing Address 2c. Mailing Address 2c. Suite, Apt. #, etc. 2c. Suite, Apt. #, etc. 2c. Suite, Apt. #, etc. 2c. City & State 2c. City & State 2c. City & State 2c. City & State 2c. Country 2c. Country 2c. Country 2c. Suite, Apt. #, etc. 2c. Country	
Principal Place of Business Mailing Address	Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be
801 W 49ST 210	Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be
210	Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be
HIALEAH FL 33012 US 3. Date Incorporated or Qualified 10/31/1991 2. Principal Place of Business 2a. Mailing Address 25 Suite, Apt. #, etc. 27 City & State 28 City & State 29 Zip Country 29 Country 21 Country 25 Suite, Apt. # etc. 29 Country 29 30 DO NOT WRITE IN THIS SF 3. Date Incorporated or Qualified 10/31/1991 4. FEI Number 65-0293872 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution 8. This corporation owes or has pald the curre Personal Property Tax due June 30.	Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be
2. Principal Place of Business 2. Mailing Address 2. Fincipal Place of Business 2. Mailing Address 2. Fincipal Place of Business 4. FEI Number 65-0293872 5. Certificate of Status Desired 6. Election Campaign Financing 7 Trust Fund Contribution 7 Trust Fund Contribution 7 Trust Fund Contribution 7 Trust Fund Contribution 7 Personal Property Tax due June 30. 9 7 Name and Address of Current Registered Agent 7 Name and Address of New Registered Agent	Not Applicable \$8.75 Additional Fee Required \$5.00 May Be
2. Principal Place of Business 2a. Mailing Address 25 Suite, Apt. #, etc. 27 Suite, Apt. #, etc. 28 City & State City & State Zip Zip Country Zip Country Zip Country Zip Suite, Apt. #, etc. Zip Country Zip Personal Property Tax due June 30.	Not Applicable \$8.75 Additional Fee Required \$5.00 May Be
21 26 65-0293872 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired 5. Certificate of Status Desired 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution 7. Trust Fund Contribution 8. This corporation owes or has paid the current Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent 9. Name 2.	Not Applicable \$8.75 Additional Fee Required \$5.00 May Be
Suite, Apt. #, etc. 22 City & State State Country Country At Country Country Country Country Country State Country At Country Co	\$8.75 Additional Fee Required \$5.00 May Be
22 City & State Ci	Fee Required \$5.00 May Be
City & State Country Zip Country Zip Country Zip Country S. This corporation owes or has pald the curre Personal Property Tax due June 30. S. Name and Address of Current Registered Agent Country 10. Name and Address of New Registered Agent	\$5.00 May Be
23 Zip Country Zip Country 8. This corporation owes or has paid the curre 24 25 29 30 Personal Property Tax due June 30. 30 9, Name and Address of Current Registered Agent 91 Name and Address of New Registered Agent 91 Name Address of New Registered Agent 92 Name Address of New Registered Agent 92 Name Address of New Registered Agent 93 Name Address of New Registered Agent 94	
Zip Country Zip Country 8. This corporation owes or has paid the currer 24 25 29 30 Personal Property Tax due June 30. 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent	
g, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent	ent year Intangible
BS Name	Yes No
GARCIA, MIRTA	gent
801 WEST 49TH STREET 82 Street Address (P.O. Box Number is Not Acceptable)	
SUITE 210	-
HIALEAH FL 33012	
84 City FL	85 Zip Code
	changing its registered
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 coffice 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 appoint agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	intment as registered
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND I	DIRECTORS IN 12
TITLE D DELETE 1.3 TITLE	Change Addition
NAME GARCIA, MIRTA 1.2 NAME	
STREET ADDRESS 6625 W. 4TH AVE. 1.3 STREET ADDRESS	
CITY-ST-ZIP HIALEAH FL 33012 1.4 CITY-ST-ZIP	
TITLE DELETE 2.1 TITLE	Change Addition
NAME 2.2 NAME	
STREET ADDRESS 2.3 STREET ADDRESS	
CITY-ST-ZIP	Change Addition
NAME 32 NAME	
STREET ADDRESS 33 STREET ADDRESS	
CITY-ST-ZIP 3.4. CITY-ST-ZIP	
TITLE DELETE 4.1 TITLE	Change Addition
NAME 4.2 NAME	
STREET ADDRESS 4.3 STREET ADDRESS	
CITY-ST-ZIP 4.4 CITY-ST-ZIP	
TITLE DELETE 5.1 TITLE	Change Addition
NAME 5.2 NAME	
STREET ADDRESS 5.3 STREET ADDRESS	
,	Jahanna Davisi
CITY-SI-ZIP 5.4 CITY-ST-ZIP	
TITLE DELETE 6.1 TITLE	Change Addition
TITLE DELETE 6.1 TITLE L NAME 6.2 NAME	Change Addition
TITLE DELETE 6.1 TITLE	Cnange Addition

4. 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 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:

1 X Hai 195 850 UIREL

1/5/98