No. **C 200965**	**Due no later than Jan 31, 2017**	2. Registered Agent and Address **(NO PO BOX)**
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 **NO FILING FEE IF RECEIVED BY DUE DATE**	**Annual Report Form** **1. Mailing Address: Correct in this box if needed.** 1ST CHOICE FACILITIES SERVICES CORP. GARY A SIMONE 1941 WHITFIELD PARK LP SARASOTA FL 34243	INCORP SERVICES, INC. 1310 S VISTA AVE STE 27 BOISE ID 83705 3. New Registered Agent Signature:*

4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
PRESIDENT	GARY A SIMONE	1941 WHITFIELD PARK LP	SARASOTA	FL		34243
SECRETARY	EILLEEN M SIMONE	1941 WHITFIELD PARK LP	SARASOTA	FL		34243

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
FL **C 200965**	Signature: Eileen M Simone	Date: 02/27/2017
	Name (type or print): Eileen M Simone	Title: Secretary

Processed 02/27/2017

* Electronically provided signatures are accepted as original signatures.