No. C 200965		Due no later than Jan 31, 2016 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		2. Registered Ag	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080				1524 S VISTA BOISE ID 8	INCORP SERVICES, INC. 1524 S VISTA AVE STE 12 BOISE ID 83705 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE		oss Addresses of	President, Secretary, and Directors. Treasu	uror (optional)				
Office Held Name		ess Addresses of	Street or PO Address	City	State	Country	Postal Code	
PRESIDENT SECRETARY	GARY A SIMONE EILLEEN M SIMONE		1941 WHITFIELD PARK LP 1941 WHITFIELD PARK LP	SARASOTA SARASOTA	FL FL		34243 34243	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
FL C 200965		Signature: Gary A Simone			Date: 02/22/2016			
		Name (type o		Title: President				
Processed 02/22/2016		* Electronically p	provided signatures are accepted as original	signatures.				