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Apr 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 755977 (6)

1. Corporation Name
VERSACARE, INC.



Principal Place of Business 702 S. WASHBURN AVE. CORONA CA 91720 US	Mailing Address 702 S. WASHBURN AVE. CORONA CA 91720 US
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3. Date Incorporated or Qualified 01/21/1981	
4. FEI Number 58-0007007 33-0052434	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

**PARISH, DAVID F
 RUDEN MCCLOSKEY SMITH SHUSTER & RUSSELL, PA
 200 E. BROWARD BLVD. STE #200
 FT LAUDERDALE FL 33301**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. State FL
85. Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		DELETED
TITLE	C	<input type="checkbox"/>
NAME	COY, ROBERT E	
STREET ADDRESS	1916 DANA DRIVE	
CITY-ST-ZIP	ADELPHI MD 20783	
TITLE	S	<input type="checkbox"/>
NAME	HANSON, CALVIN J	
STREET ADDRESS	8338 PEACOCK LANE	
CITY-ST-ZIP	RIVERSIDE CA 92505	
TITLE	VC	<input type="checkbox"/>
NAME	SANDEFUR, CHARLES C	
STREET ADDRESS	8650 PIONEERS BLVD.	
CITY-ST-ZIP	LINCOLN NE 68520	
TITLE	D	<input type="checkbox"/>
NAME	ANDERSON, O. D.	
STREET ADDRESS	777 EAST 25TH, #316	
CITY-ST-ZIP	HALEAH FL 33013	
TITLE	O	<input type="checkbox"/>
NAME	BROWN, GEORGE W	
STREET ADDRESS	2711 NORTH POMELO DRIVE	
CITY-ST-ZIP	AVON PARK FL 33013	
TITLE	D	<input type="checkbox"/>
NAME	MACOMBER, ROBERT D	
STREET ADDRESS	5408 PEACOCK LANE	
CITY-ST-ZIP	RIVERSIDE CA 92505	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	P, VC	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	Coy, Robert E.		
1.3 STREET ADDRESS	1916 Dana Drive		
1.4 CITY-ST-ZIP	Adelphi MD 20783		
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE	C	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	Sandefur, Charles C		
3.3 STREET ADDRESS	8650 Pioneers Blvd.		
3.4 CITY-ST-ZIP	Lincoln NE 68520		
4.1 TITLE	T	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.2 NAME	Brodersen, Ellen H.		
4.3 STREET ADDRESS	92 N. Liberty Street		
4.4 CITY-ST-ZIP	Harrisonburg, VA 22801		
5.1 TITLE	D	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.2 NAME	Yaeger, Derrill		
5.3 STREET ADDRESS	PO Box 1447		
5.4 CITY-ST-ZIP	Corona, CA 91720		
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE _____ SIGNATURE REQUIRED Coy, President 3/18/98 909-736-6000

CR2E037 (10/97)