

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 09, 2000 8:00 am
Secretary of State

02-09-2000 90223 012 ****61.25

DOCUMENT # 755977

1. Entity Name

VERSACARE, INC.

Principal Place of Business

Mailing Address

702 S. WASHBURN AVE.
 CORONA CA 91720
 US

702 S. WASHBURN AVE.
 CORONA CA 92882-3354
 US

A0017689



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

33-0052434

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PVC	<input type="checkbox"/> Delete
NAME	COY, ROBERT E.	
STREET ADDRESS	1916 DANA DRIVE	
CITY-ST-ZIP	ADELPHI MD 20783	
TITLE	S	<input type="checkbox"/> Delete
NAME	HANSON, CALVIN J	
STREET ADDRESS	5336 PEACOCK LANE	
CITY-ST-ZIP	RIVERSIDE CA 92505	
TITLE	C	<input type="checkbox"/> Delete
NAME	SANDEFUR, CHARLES C	
STREET ADDRESS	8650 PIONEERS BLVD.	
CITY-ST-ZIP	LINCOLN NE 68520	
TITLE	T	<input type="checkbox"/> Delete
NAME	BRODERSEN, ELLEN H.	
STREET ADDRESS	92 N LIBERTY ST	
CITY-ST-ZIP	HARRISONBURG VA 22801	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROWN, GEORGE W	
STREET ADDRESS	2711 NORTH POMELO DRIVE	
CITY-ST-ZIP	AVON PARK FL 33013	
TITLE	D	<input type="checkbox"/> Delete
NAME	MACOMBER, ROBERT D	
STREET ADDRESS	5408 PEACOCK LANE	
CITY-ST-ZIP	RIVERSIDE CA 92505	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS	201 Leason Cove Drive	
CITY-ST-ZIP	Lusby MD 20657	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS	8317 Water Tower Ct.	
CITY-ST-ZIP	Lincoln NE 68516	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11, changed, or on an attachment with an address with all other like empowered.

909-736-6909

SIGNATURE:

SIGNATURE REQUIRED

Robert E. Coy, J.D. Pres. 1/28/2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #