

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morrison
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

DOCUMENT # **F94000005290 (1)**

1. Corporation Name
PHOENIX CARE SYSTEMS, INC.

95 MAY -1 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

Principal Place of Business 5383 CEMETARY ROAD, STE B HILLIARD OH 43026	Mailing Address 5383 CEMETARY ROAD, STE B HILLIARD OH 43026
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2. Principal Place of Business 21 Suite, Apt #, etc. 22 City & State 23	2a. Mailing Address 26 Suite, Apt #, etc. 27 City & State 28
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24	25	29	30
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9. Name and Address of Current Registered Agent

**GERKEN, SCOTT A
4850 N. HWY. 19A
MT DORA FL 32727-2048**

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 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	PCD ELLINGSWORTH, PAUL C 3970 ALTON-DARBY CREEK ROAD HILLIARD OH	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY, ST, ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition HILLIARD OH 43206
TITLE NAME STREET ADDRESS CITY, ST, ZIP	VD STOBAUGH, ROBERT E 4006 KIOKA AVENUE COLUMBUS OH	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY, ST, ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition COLUMBUS OH 43220
TITLE NAME STREET ADDRESS CITY, ST, ZIP	SD BASORE, MICHAEL A 529 TONBRIDGE COURT OERRYSBURG OH	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY, ST, ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SD WRIGHT, GARY L. 2254 PAVONIA NORTH ROAD MANSFIELD, OH 44903
TITLE NAME STREET ADDRESS CITY, ST, ZIP		41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY, ST, ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D BROCK, WILLIAM A. 300 SYLVAN CIRCLE CIRCLEVILLE OH 43113
TITLE NAME STREET ADDRESS CITY, ST, ZIP		51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY, ST, ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D JURY, ROBERT 909 WOODLAWAN DRIVE MARION OH 43302
TITLE NAME STREET ADDRESS CITY, ST, ZIP		61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information included 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 as an attachment with an addendum.

SIGNATURE: *Paul C. Ellingsworth* DATE: *May 1 1995*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE (Typed Print)