

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F94000005290 (1)**

1. Corporation Name
PHOENIX CARE SYSTEMS, INC.



Principal Place of Business: **5383 CEMETARY ROAD, STE B HILLIARD OH 43026**
Mailing Address: **5383 CEMETARY ROAD, STE B HILLIARD OH 43026**

2. Principal Place of Business: **21 3970 ALTON DARBY CREEK RD. HILLIARD OHIO 43026 USA**
2a. Mailing Address: **26 3970 ALTON DARBY CREEK RD. HILLIARD OHIO 43026 USA**

3. Date Incorporated or Qualified: **10/12/1994**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **31-1368780**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contributor: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: **GERKEN, SCOTT A 4850 N. HWY. 19A MT DORA FL 32727-2048**

10. Name and Address of New Registered Agent: **FL 85 Zip Code**

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: _____ (NOTE: Registered Agent signature required when registering.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCD	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELLINGSWORTH, PAUL C	12. NAME	
STREET ADDRESS	3970 ALTON-DARBY CREEK ROAD	13. STREET ADDRESS	
CITY-STATE-ZIP	HILLIARD OH	14. CITY-STATE-ZIP	
TITLE	VD	2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STOBAUGH, ROBERT E	22. NAME	
STREET ADDRESS	4006 KIOKA AVENUE	23. STREET ADDRESS	
CITY-STATE-ZIP	COLUMBUS OH	24. CITY-STATE-ZIP	
TITLE	SD	3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WRIGHT, GARY L.	32. NAME	
STREET ADDRESS	2254 PAVONIA NORTH ROAD	33. STREET ADDRESS	
CITY-STATE-ZIP	MANSFIELD OH	34. CITY-STATE-ZIP	
TITLE	D	4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROCK, WILLIAM A.	42. NAME	
STREET ADDRESS	300 SYLVAN CIRCLE	43. STREET ADDRESS	
CITY-STATE-ZIP	CIRCVILLE OH	44. CITY-STATE-ZIP	
TITLE	D	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JURY, ROBERT	52. NAME	
STREET ADDRESS	909 WOODLAWAN DR	53. STREET ADDRESS	
CITY-STATE-ZIP	MARION OH	54. CITY-STATE-ZIP	
TITLE		6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY-STATE-ZIP		64. CITY-STATE-ZIP	

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)(k), 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 on an attachment to an address.

SIGNATURE: *Paul C. Ellingsworth*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
PAUL C. ELLINGSWORTH

1-614-291-5361
DATE: _____

CR2E034 (12/95)