

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

**May 14 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F94000005290 (1)
1. Corporation Name
PHOENIX CARE SYSTEMS, INC.



Principal Place of Business 3970 ALTON DARBY CREEK RD. HILLIARD OH 43026 US	Mailing Address 3970 ALTON DARBY CREEK RD. HILLIARD OH 43026 US
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 10/12/1994	
4. FEI Number 31-1368780	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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	

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

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ DATE _____
Signature: typed or printed name of registered agent and FEI, applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELLINGSWORTH, PAUL C	1.2 NAME	
STREET ADDRESS	3970 ALTON-DARBY CREEK ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	HILLIARD OH	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STOBAUGH, ROBERT E	2.2 NAME	
STREET ADDRESS	4006 KIOKA AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBUS OH	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WRIGHT, GARY L.	3.2 NAME	
STREET ADDRESS	2254 PAVONIA NORTH ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	MANSFIELD OH	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROCK, WILLIAM A.	4.2 NAME	
STREET ADDRESS	300 SYLVAN CIRCLE	4.3 STREET ADDRESS	
CITY-ST-ZIP	CIRCLEVILLE OH	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Paul C Ellingsworth* **PAUL C ELLINGSWORTH** **4-28-98 614-876-2503**

CR2E034 (10/97)