

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

0119945

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED

99 SEP 29 PH 2:50

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # F95000000934

1. Corporation Name  
**ADDUS HEALTHCARE, INC.**



Principal Place of Business  
 10 WEST KINZIE ST.  
 ATTN: CORPORATE COUNSEL  
 CHICAGO IL 60610

Mailing Address  
 10 WEST KINZIE ST.  
 ATTN: CORPORATE COUNSEL  
 CHICAGO IL 60610

*[Handwritten Signature]*

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 21 **2401 S. PLUM GROVE ROAD**  
 Suite, Apt. #, etc  
 22 **PALATINE, IL**  
 City & State  
 23 Zip **60067** Country **USA**

2a. Mailing Address  
 26 **2401 S. PLUM GROVE RD,**  
 Suite, Apt. #, etc  
 27 **SUITE 200 CORP. COUNSEL**  
 City & State  
 28 **PALATINE, IL**  
 29 Zip **60067** Country **USA**

3. Date Incorporated or Qualified  
**02/24/1995**

|   |                                       |
|---|---------------------------------------|
| 4. FEI Number<br><b>42-1014070</b>  | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/>   | <b>\$8.75</b> Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>   | <b>\$5.00</b> May Be Added to Fees    |
| 8. This corporation owes the current year Intangible Personal Property <input type="checkbox"/> Yes <input type="checkbox"/> No |                                       |

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.**  
 1201 HAYES ST., STE. #105  
 TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

|   |             |
|---|-------------|
| 81 Name   | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) | <b>FL</b>   |
| 83  |             |
| 84 City   |             |

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 reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

|                |                             |  |
|----------------|-----------------------------|--|
| TITLE          | <b>P</b>                    | <input type="checkbox"/> DELETE            |
| NAME           | <b>WRIGHT, W. ANDREW</b>    |  |
| STREET ADDRESS | <b>10 W KINZIE ST</b>       |  |
| CITY-STATE-ZIP | <b>CHICAGO IL 60610</b>     |  |
| TITLE          | <b>VP</b>                   | <input type="checkbox"/> DELETE            |
| NAME           | <b>HEANEY, MARK S</b>       |  |
| STREET ADDRESS | <b>10 W KINZIE ST</b>       |  |
| CITY-STATE-ZIP | <b>CHICAGO IL 60610</b>     |  |
| TITLE          | <b>S</b>                    | <input type="checkbox"/> DELETE            |
| NAME           | <b>WRIGHT, ELAINE M</b>     |  |
| STREET ADDRESS | <b>10 W KINZIE ST</b>       |  |
| CITY-STATE-ZIP | <b>CHICAGO IL 60610</b>     |  |
| TITLE          | <b>T</b>                    | <input checked="" type="checkbox"/> DELETE |
| NAME           | <b>RANCINE, KEITH</b>       |  |
| STREET ADDRESS | <b>10 W KINZIE ST</b>       |  |
| CITY-STATE-ZIP | <b>CHICAGO IL 60610</b>     |  |
| TITLE          | <b>AS</b>                   | <input checked="" type="checkbox"/> DELETE |
| NAME           | <b>DIOGUARDI, MICHAEL J</b> |  |
| STREET ADDRESS | <b>10 W KINZIE ST</b>       |  |
| CITY-STATE-ZIP | <b>CHICAGO IL 60610</b>     |  |
| TITLE          |                             | <input type="checkbox"/> DELETE            |
| NAME           |                             |  |
| STREET ADDRESS |                             |  |
| CITY-STATE-ZIP |                             |  |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                   |  |
|-------------------|--|
| 11 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME           |  |
| 13 STREET ADDRESS | <b>2401 S. PLUM GROVE ROAD</b>   |
| 14 CITY-STATE-ZIP | <b>PALATINE, IL 60067</b>  |
| 21 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME           |  |
| 23 STREET ADDRESS | <b>2401 S. PLUM GROVE ROAD</b>   |
| 24 CITY-STATE-ZIP | <b>PALATINE, IL 60067</b>  |
| 31 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME           |  |
| 33 STREET ADDRESS | <b>2401 S. PLUM GROVE ROAD</b>   |
| 34 CITY-STATE-ZIP | <b>PALATINE, IL 60067</b>  |
| 41 TITLE          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 42 NAME           | <b>TRENSUARA</b>   |
| 43 STREET ADDRESS | <b>RON FORD</b>  |
| 44 CITY-STATE-ZIP | <b>2401 S. PLUM GROVE ROAD</b>   |
| 51 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 52 NAME           | <b>800003006288-1</b>  |
| 53 STREET ADDRESS | <b>-10/05/99--01098--014</b>   |
| 54 CITY-STATE-ZIP | <b>****550.00 ****550.00</b>   |
| 61 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 62 NAME           |  |
| 63 STREET ADDRESS |  |
| 64 CITY-STATE-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: *[Handwritten Signature]* **MARK S. HEANEY** 8/25/99 847/303-8300  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/99)