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Apr 11 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # F95000004069 (9)

1. Corporation Name
QUALITY HOME HEALTH CARE SERVICES FLORIDA CORP.

** Correct name is: QUALITY HOME HEALTH CARE CORP.*



Principal Place of Business: ONE SERVICEMASTER WAY, DOWNERS GROVE IL 60515
Mailing Address: ONE SERVICEMASTER WAY, DOWNERS GROVE IL 60515

3. Date Incorporated or Qualified: 08/22/1995
3a. Date of Last Report: 09/26/1996
4. FEI Number: 59-3329911
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24)
2a. Mailing Address (25-28)
22. City & State (22-23)
23. City & State (23-24)
24. Zip (24-25) Country (25-26)
25. Zip (25-26) Country (26-27)
26. Suite, Apt. #, etc. (26-27)
27. Suite, Apt. #, etc. (27-28)
28. City & State (28-29)
29. City & State (29-30)
30. Zip (30-31) Country (31-32)

9. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code: FL

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 title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---------------------------------------|------------------------|---|--|
| TITLE: VP | BLACK, KATHLEEN | 1.1 TITLE: Director and Vice President | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME: BLACK, KATHLEEN | ONE SERVICEMASTER WAY | 1.2 NAME: | |
| STREET ADDRESS: ONE SERVICEMASTER WAY | DOWNERS GROVE IL 60515 | 1.3 STREET ADDRESS: | |
| CITY-ST-ZIP: DOWNERS GROVE IL 60515 | | 1.4 CITY-ST-ZIP: | |
| TITLE: PD | WILHELM, DONALD R | 2.1 TITLE: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME: WILHELM, DONALD R | ONE SERVICEMASTER WAY | 2.2 NAME: | |
| STREET ADDRESS: ONE SERVICEMASTER WAY | DOWNERS GROVE IL 60515 | 2.3 STREET ADDRESS: | |
| CITY-ST-ZIP: DOWNERS GROVE IL 60515 | | 2.4 CITY-ST-ZIP: | |
| TITLE: S | DUDLEY, MARY KAY M | 3.1 TITLE: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME: DUDLEY, MARY KAY M | ONE SERVICEMASTER WAY | 3.2 NAME: | |
| STREET ADDRESS: ONE SERVICEMASTER WAY | DOWNERS GROVE IL 60515 | 3.3 STREET ADDRESS: | |
| CITY-ST-ZIP: DOWNERS GROVE IL 60515 | | 3.4 CITY-ST-ZIP: | |
| TITLE: | | 4.1 TITLE: Treasurer | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME: | | 4.2 NAME: Frank Gulik | |
| STREET ADDRESS: | | 4.3 STREET ADDRESS: One Servicemaster Way | |
| CITY-ST-ZIP: | | 4.4 CITY-ST-ZIP: Downers Grove, IL 60515 | |
| 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 do 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 is attached with an address.

SIGNATURE: *Mary Kay M. Dudley* 4/1/97 Date: (630) 271-2980 Daytime Phone # 0627800

CR2E034 (9/96)