

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

FILED
May 19 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 # F95000004069 (9)
 1. Corporation Name
SERVECARE HOME HEALTH, INC.



Principal Place of Business ONE SERVICEMASTER WAY DOWNERS GROVE IL 60515	Mailing Address ONE SERVICEMASTER WAY DOWNERS GROVE IL 60515
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 300 South Hyde Pk. Ave. Suite, Apt. #, etc. 22 Suite 110 City & State 23 Tampa FL Zip 24 33606		2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country		3. Date Incorporated or Qualified 08/22/1995	
25 U.S.		26 27 28 29 30		4. FEI Number 59-3329911 Applied For 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 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	

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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLACK, KATHLEEN	1.2 NAME	
STREET ADDRESS	ONE SERVICEMASTER WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	DOWNERS GROVE IL 60515	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILHELM, DONALD R	2.2 NAME	
STREET ADDRESS	ONE SERVICEMASTER WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	DOWNERS GROVE IL 60515	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUDLEY, MARY KAY M	3.2 NAME	BAKER, SUZANNA
STREET ADDRESS	ONE SERVICEMASTER WAY	3.3 STREET ADDRESS	ONE SERVICEMASTER WAY
CITY-ST-ZIP	DOWNERS GROVE IL 60515	3.4 CITY-ST-ZIP	DOWNERS GROVE, IL 60515
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	NO CURRENT TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GULIK, FRANK	4.2 NAME	
STREET ADDRESS	ONE SERVICE MASTER WAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	DOWNERS GROVE IL 60515	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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; 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, on an attachment with an address.

SIGNATURE: *Kathleen Black* KATHLEEN BLACK **4-28-98** (630) 271-1300

CR2E034 (10/97)