

**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 # **H23434**

1. Corporation Name

ServeCare Home Health Services, Inc

Principal Place of Business

4741 Atlantic Blvd  
Suite A-2  
Jacksonville FL 32207

Mailing Address

4741 Atlantic Blvd  
Suite A-2  
Jacksonville FL 32207

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

9/28/1984

3a. Date of Last Report

1995

4. FEI Number

59-2449868

Applied For Not Applicable

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

9. Name and Address of Current Registered Agent

This is the same as last year →

10. Name and Address of New Registered Agent

81 Name

BRUCE A. BARBER

82 Street Address (P.O. Box Number is Not Acceptable)

4741 Atlantic Blvd. # A-2

83

SERVE CARE HOME HEALTH

84

JACKSONVILLE

FL

85 Zip Code 32207

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

*Bruce A. Barber*

Administrative

5-1-96

Signature typed or printed name of registered agent (not for deletion)

(NOTE: Registered Agent signature required for non-C/O)

DATE

12. OFFICERS AND DIRECTORS

TITLE DC  
NAME Wilhelm, Donald R.  
STREET ADDRESS 2300 Warrenville Rd  
CITY-ST-ZIP Downers Grove IL 60515

DELETE

TITLE AS  
NAME Dudley, Mary K  
STREET ADDRESS 2300 Warrenville Rd  
CITY-ST-ZIP Downers Grove IL 60515

DELETE

TITLE VP  
NAME Black, Kathleen T.  
STREET ADDRESS 2300 Warrenville Rd  
CITY-ST-ZIP Downers Grove IL 60515

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

200001820222  
-05/14/96--01023--017  
\*\*\*200.00

5/1/96

cc

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 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 manager 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 in Block 14 if not changed.

SIGNATURE

*Mary K Dudley*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-96

708.271.2980

DATE

PHONE NO.

CR2E034 (12/95)