

**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** (4)

1. Corporation Name

**SERVECARE HOME HEALTH SERVICES, INC.**



Principal Place of Business

Mailing Address

4741 ATLANTIC BLVD.  
SUITE A-2  
JACKSONVILLE FL 32207

4741 ATLANTIC BLVD.  
SUITE A-2  
JACKSONVILLE FL 32207

3. Date Incorporated or Qualified  
**09/28/1984**

3a. Date of Last Report  
**10/23/1995**

4. FET 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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 One ServiceMaster Way  
Suite, Apt. #, etc.

22 City & State

27 Downers Grove, IL  
City & State

23 Zip Country

28 Zip Country **USA**

24

25

29 60515

30 DuPage

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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

Signature of the principal officer or registered agent (as applicable)

Signature of the New Registered Agent (as applicable)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DCV	<input type="checkbox"/> DELETE
NAME	WILHELM, DONALD R.	
STREET ADDRESS	2300 WARRENVILLE RD	
CITY-ST-ZIP	DOWNERS GROVE, IL	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	DUDLEY, MARK K	
STREET ADDRESS	2300 WARRENVILLE RD	
CITY-ST-ZIP	DOWNERS GROVE IL	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	BLACK, KATHLEEN T.	
STREET ADDRESS	2300 WARRENVILLE RD	
CITY-ST-ZIP	DOWNERS GROVE IL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Secretary
23 STREET ADDRESS	Mary K. McMahon Dudley
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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-06/03/96--01072--033  
\*\*\*225.00

14. I do hereby certify that the information supplied on this filing is voluntarily furnished and does not qualify for the exemption stated in Section 19.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report does comply with and 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 and that I am authorized to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed.

SIGNATURE:

*[Handwritten Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-17-96

708-271-2980

6/3/96

CR2E034 (12/95)