

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P21141** (7)

1. Corporation Name
ARCADIA HEALTH SERVICES, INC.



Principal Place of Business: **26777 CENTRAL PARK BLVD. SUITE 200 SOUTHFIELD MI 48076**
Mailing Address: **26777 CENTRAL PARK BLVD. SUITE 200 SOUTHFIELD MI 48076**

3. Date Incorporated or Qualified: **10/03/1988**
3a. Date of Last Report: **06/07/1995**
4. FEI Number: **38-2186866**
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, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent: **CT CORPORATION SYSTEM, 1200 S. PINE ISLAND ROAD, PLANTATION FL 33324**
10. Name and Address of New Registered Agent: 81, 82, 83, 84, 85

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 as state representative) (NOTE: Registered Agent signature is not required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELLINSON, LEONARD E.	1.2 NAME	
STREET ADDRESS	1044 CLARK	1.3 STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM MI 48009	1.4 CITY-ST-ZIP	
TITLE	SVP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOSNER, CAMERON	2.2 NAME	
STREET ADDRESS	53059 ROBINWOOD	2.3 STREET ADDRESS	
CITY-ST-ZIP	SHELBY TWP MI 48315	2.4 CITY-ST-ZIP	
TITLE	VFCO	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PYETT, NICHOLAS	3.2 NAME	
STREET ADDRESS	20861 DUNDEE DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	NOVI MI 48375	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOSNER, CAMERON D.	4.2 NAME	
STREET ADDRESS	53059 ROBINWOOD	4.3 STREET ADDRESS	
CITY-ST-ZIP	SHELBY TWO MI 48315	4.4 CITY-ST-ZIP	
TITLE	TDVC	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAEBNER, HERBERT	5.2 NAME	
STREET ADDRESS	2489 WILDBROOK RUN	5.3 STREET ADDRESS	
CITY-ST-ZIP	BLOOMFIELD HILLS MI 48304	5.4 CITY-ST-ZIP	
TITLE	CD	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELLINSON, LEONARD	6.2 NAME	
STREET ADDRESS	7403 VIA DE FORTUNA	6.3 STREET ADDRESS	
CITY-ST-ZIP	CARLSTAD CA	6.4 CITY-ST-ZIP	

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 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: **NICHOLAS PYETT** 4-19-96 (810) 352-7530
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Type) (Date) (Phone #)

CR2E034 (12/95)