

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

**FILED**  
**Feb 25 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P21141 (7)**

1. Corporation Name  
**ARCADIA HEALTH SERVICES, INC.**

Principal Place of Business <b>26777 CENTRAL PARK BLVD. SUITE 200                  SOUTHFIELD MI 48076</b>	Mailing Address <b>26777 CENTRAL PARK BLVD. SUITE 200                  SOUTHFIELD MI 48076-4165</b>
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2. Principal Place of Business:	2a. Mailing Address	3. Date Incorporated or Qualified <b>10/03/1988</b>	3a. Date of Last Report <b>04/23/1996</b>
21. State, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number <b>38-2186866</b>	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24. Country	29. Country	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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. 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 607.0507 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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

SIGNATURE: Herbert Graebner **Herbert Graebner** 02-12-97 810 352-7500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)