

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

FILED
Feb 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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
---	---

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/03/1988

21. Principal Place of Business Suite, Apt #, etc. City & State Zip Country	22. Mailing Address Suite, Apt #, etc. City & State Zip Country
--	--

4. FEI Number 38-2186866	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input 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 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

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City
B5 Zip Code

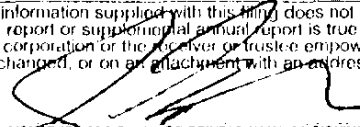
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	CHAIRMAN
NAME	BELLINSON, LEONARD E.	1.2 NAME	ROBERT N. ELKINS
STREET ADDRESS	1044 CLARK	1.3 STREET ADDRESS	26777 CENTRAL PARK BLVD #200
CITY-ST-ZIP	BIRMINGHAM MI 48009	1.4 CITY-ST-ZIP	SOUTHFIELD, MI 48076
TITLE	SVP	2.1 TITLE	PRESIDENT
NAME	HOSNER, CAMERON	2.2 NAME	LAWRENCE P. CIRKA
STREET ADDRESS	53059 ROBINWOOD	2.3 STREET ADDRESS	26777 CENTRAL PARK BLVD #200
CITY-ST-ZIP	SHELBY TWP MI 48315	2.4 CITY-ST-ZIP	SOUTHFIELD, MI 48076
TITLE	SD	3.1 TITLE	VICE PRESIDENT
NAME	HOSNER, CAMERON D.	3.2 NAME	JAMES BELLINSON
STREET ADDRESS	53059 ROBINWOOD	3.3 STREET ADDRESS	26777 CENTRAL PARK BLVD #200
CITY-ST-ZIP	SHELBY TWO MI 48315	3.4 CITY-ST-ZIP	SOUTHFIELD, MI 48076
TITLE	TDVC	4.1 TITLE	
NAME	GRAEBNER, HERBERT	4.2 NAME	
STREET ADDRESS	2489 WILDBROOK RUN	4.3 STREET ADDRESS	
CITY-ST-ZIP	BLOOMFIELD HILLS MI 48304	4.4 CITY-ST-ZIP	
TITLE	CD	5.1 TITLE	
NAME	BELLINSON, LEONARD	5.2 NAME	
STREET ADDRESS	7403 VIA DE FORTUNA	5.3 STREET ADDRESS	
CITY-ST-ZIP	CARLSTAD CA	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

Change <input type="checkbox"/>	Addition <input checked="" type="checkbox"/>
Change <input type="checkbox"/>	Addition <input checked="" type="checkbox"/>
Change <input type="checkbox"/>	Addition <input checked="" type="checkbox"/>
Change <input type="checkbox"/>	Addition <input type="checkbox"/>
Change <input type="checkbox"/>	Addition <input type="checkbox"/>
Change <input type="checkbox"/>	Addition <input type="checkbox"/>

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 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:  **JAMES BELLINSON** 1/19/1998 (248)352-7530

CP2E034 (10/97)