


## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 APR 12 AM 11:55

|   |  |   |   |   |  |
|---|--|---|---|---|--|
| <b>DOCUMENT # P21141</b><br>1. Entity Name<br>ARCADIA HEALTH SERVICES, INC.   |  |   |   |                |  |
| Principal Place of Business<br>26777 CENTRAL PARK BLVD. SUITE 200<br>SOUTHFIELD, MI 48076   |  |   | Mailing Address<br>26777 CENTRAL PARK BLVD. SUITE 200<br>SOUTHFIELD, MI 48076                 |   |  |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.   |  | 3. Mailing Address<br><br>Suite, Apt. #, etc.   |   | 04052004    Chg-P    CR2E034 (10/03)  |  |
| City & State  |  | City & State  |   | 4. FEI Number<br><b>38-2186866</b>  |  |
| Zip      Country  |  | Zip      Country  |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |
| 6. Name and Address of Current Registered Agent   |  |   | 7. Name and Address of New Registered Agent   |   |  |
| CT CORPORATION SYSTEM<br>1200 S. PINE ISLAND ROAD<br>PLANTATION, FL 33324   |  |   | Name<br><br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City <b>FL</b> Zip Code |   |  |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.   |  |   |   |   |  |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>   |  |   |   |   |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2004 Fee will be \$550.00</b>   |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |  |   |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | P<br>WRIGHT, W. ANDREW<br>2401 S PLUM GROVE ROAD<br>PALATINE, IL 60067             | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | U00000109424<br>04/12/04-80042-025 150.00   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | DCEO<br>HEANEY, MARK S<br>2401 S PLUM GROVE ROAD<br>PALATINE, IL 60067             | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VP<br>SPARLING, CATHY<br>26777 CENTRAL PARK BLVE STE. #200<br>SOUTHFIELD, MI 48076 | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | SD<br>WRIGHT, ELAINE<br>2401 S. PLUM GROVE RD<br>PALATINE, IL 60067                | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| 12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |  |   |   |   |  |
| <b>SIGNATURE:</b> _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |  |   | Date: <b>04/09/04</b> (248) 352-7530<br><small>Daytime Phone #</small>                        |   |  |

ARCADIA HEALTH SERVICES, INC.

TIN 38-2186866

A SUBSIDIARY OF ADDUS HEALTHCARE INC.

LIST OF OFFICERS AND DIRECTORS OF ADDUS HEALTHCARE INC.

TIN 42-1014070

| TITLE            | NAME             | BUSINESS ADDRESS  | PERSONAL ADDRESS                                    |
|------------------|------------------|---|---|
| <u>OFFICERS</u>  |                  |   |   |
| PRESIDENT        | W. Andrew Wright | 2401 South Plum Grove Road<br>Palatine, IL 60067            | 281 Steeplechase Road<br>Barrington Hills, IL 60010 |
| VICE PRESIDENT   | Cathy Sparling   | 26777 Central Park Blvd., Suite 200<br>Southfield, MI 48076 | 364 Eileen Dr.<br>Bloomfield, MI 48302              |
| TREASURER        | W. Andrew Wright | 2401 South Plum Grove Road<br>Palatine, IL 60067            | 281 Steeplechase Road<br>Barrington Hills, IL 60010 |
| SECRETARY        | Ed Buddy         | 2401 South Plum Grove Road<br>Palatine, IL 60067            | 140 Wildflower Lane<br>Crystal Lake, IL 60137       |
| <u>DIRECTORS</u> |                  |   |   |
| DIRECTOR         | W. Andrew Wright | 2401 South Plum Grove Road<br>Palatine, IL 60067            | 281 Steeplechase Road<br>Barrington Hills, IL 60010 |
| DIRECTOR         | Mark S. Heaney   | 2401 South Plum Grove Road<br>Palatine, IL 60067            | 1340 Inverness Lane<br>Schererville, IL 46375       |
| DIRECTOR         | Elaine Wright    | 2401 South Plum Grove Road<br>Palatine, IL 60067            | 281 Steeplechase Road<br>Barrington Hills, IL 60010 |