

**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 # P30596 (1)**

1. Corporation Name

**ANGELICA HEALTHCARE SERVICES GROUP, INC.**



Principal Place of Business: **424 S WOODS MILL RD CHESTERFIELD MO 63016-3406 US**  
Mailing Address: **424 S WOODS MILL RD CHESTERFIELD MO 63017-3406 US**

3. Date Incorporated or Qualified <b>08/17/1990</b>	3a. Date of Last Report <b>05/01/1995</b>
4. FEI Number <b>43-1096508</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
29	30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
<b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILSON, ALAN</b>	1.2 NAME	
STREET ADDRESS	<b>424 S WOODS MILL RD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CHESTERFIELD MO</b>	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>YOUNG, L. J.</b>	2.2 NAME	
STREET ADDRESS	<b>424 S WOODS MILL RD</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CHESTERFIELD MO</b>	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WITTER, JILL</b>	3.2 NAME	
STREET ADDRESS	<b>424 S WOODS MILL RD</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CHESTERFIELD MO</b>	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ARMSTRONG, T. M.</b>	4.2 NAME	
STREET ADDRESS	<b>424 S WOODS MILL RD</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CHESTERFIELD MO</b>	4.4 CITY-ST-ZIP	
TITLE	AT <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DEGNAN, T M</b>	5.2 NAME	
STREET ADDRESS	<b>424 S WOODS MILL RD</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CHESTERFIELD MO</b>	5.4 CITY-ST-ZIP	
TITLE	ASD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MANN, L. L.</b>	6.2 NAME	
STREET ADDRESS	<b>424 S WOODS MILL RD</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CHESTERFIELD MO</b>	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: *T. M. Degnan* **04-12-96** (314)854-3800  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)