

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P37975** (0)

1. Corporation Name
IN HOME HEALTH, INC.



Principal Place of Business: **CARLSON CENTER 601 LAKESHORE PARKWAY, SUITE 500 MINNETONKA MN 55305-5214 US**

Mailing Address: **CARLSON CENTER 601 LAKESHORE PARKWAY, SUITE 500 MINNETONKA MN 55305-5214 US**

2. Principal Place of Business (21) Site, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)

2a. Mailing Address (26) Site, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

3. Date Incorporated or Qualified: **03/19/1992**

3a. Date of Last Report: **01/31/1995**

4. FEI Number: **41-1458213**

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

9. Name and Address of Current Registered Agent: **C T CORPORATION SYSTEM 1200 SOUTH 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

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 607.0508, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92	
TITLE: P	NAME: FIGGE, JUDY M.	11 TITLE:	PLEASE SEE ATTACHED
STREET ADDRESS: 601 LAKESHORE PKWY, #500	CITY- ST- ZIP: MINNETONKA MN	12 NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VS	NAME: FIGGE, KENNETH J.	13 STREET ADDRESS:	
STREET ADDRESS: 601 LAKESHORE PKWY, #500	CITY- ST- ZIP: MINNETONKA MN	14 CITY- ST- ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D	NAME: LYNN, JAMES J.	15 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 5434 WEDGEWOOD DR.	CITY- ST- ZIP: SHOREWOOD MN	16 NAME:	
TITLE: D	NAME: FINKLE, MARC	17 STREET ADDRESS:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 117 AABC	CITY- ST- ZIP: ASPEN CO	18 CITY- ST- ZIP:	
TITLE: D	NAME: LIEBERBAUM, SHELDON	19 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 600 OLD COUNTRY RD.	CITY- ST- ZIP: GARDEN CITY NY	20 NAME:	
TITLE: T	NAME: KENNEDY, MIKE	21 STREET ADDRESS:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 601 LAKE SHORE PKWY., #500	CITY- ST- ZIP: MINNETONKA MN	22 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: *Michael Kennedy* MICHAEL KENNEDY TREASURER 2/27/92 449-7500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)

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**IN HOME HEALTH, INC.
BOARD OF DIRECTORS
as of 10/24/95**

<u>Name</u>	<u>Position</u>	<u>Business Address</u>
Mark L. Gildea	Chief Executive Officer of In Home Health, President, Manor HealthCare, Alternate Site Division	Manor Care, Inc. 10750 Columbia Pike Silver Spring, MD 20901
Judy M. Figge	President ✓	Carlson Center, Suite 500 601 Lakeshore Parkway Minnetonka, MN 55305-5214
Kenneth J. Figge	Executive Vice President, ✓ Secretary, and Chief Financial Officer	Carlson Center, Suite 500 601 Lakeshore Parkway Minnetonka, MN 55305-5214
James J. Lynn, Ed.D.	Lynn & Associates ✓	5435 Wedgewood Drive Shorewood, MN 55331
Joseph Buckley	President, Assisted Living Division	Manor Care, Inc. 10750 Columbia Pike Silver Springs, MD 20901
James H. Rempe	Senior Vice President, General Counsel and Secretary	Manor Care, Inc. 10750 Columbia Pike Silver Spring, MD 20901
Donald C. Tomasso	President, Long-Term Care Division Chairman of the Board and Chief Executive Officer of Vitalink Pharmacy Services, Inc.	Manor Care, Inc. 10750 Columbia Pike Silver Spring, MD 20901
MICHAEL J. KENNEDY	TREASURER ✓	CARLSON CENTER, STE 500 601 LAKESHORE PKWY MINNETONKA, MN 55305