· · 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 # H23434

1. Corporation Name

ServeCare Home Health Services, Inc

Principal Place of Business	Mailing Address
4741 Atlantic BLVD Suite A-2 Jacksonville Fl 32207	4741 Atlantic BLVD Suite A-2 Jacksonville Fl 32207

3. Date Incorporated or Qualified: 9/28/1984
3a. Date of Last Report: 1995

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

4. FEI Number: 59-344 9868 ☐ Applied For ☐ Not Applicable

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

This is the same as last year →

10. Name and Address of New Registered Agent

81 Name: BRUCE A. BARBER
82 Street Address (P.O. Box Number is Not Acceptable): Suite 4741 Atlantic Blvd. # A-2
83: ServeCare Home Health
84 City: Jacksonville FL 85 Zip Code: 32207

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: Bruce A. Barber — Admin. Sales — 5-1-96
(Signature, Typed or printed name of Registered Agent and date. Mandatory.) (NOTE: Registered Agent signature required before form will be filed.) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	Wilhelm, Donald R.		12 NAME	
STREET ADDRESS	2300 Warrenville Rd		13 STREET ADDRESS	
CITY-ST-ZIP	Downers Grove IL 60515		14 CITY-ST-ZIP	
TITLE	AS	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	Dudley, Mary K		22 NAME	
STREET ADDRESS	2300 Warrenville Rd		23 STREET ADDRESS	
CITY-ST-ZIP	Downers Grove IL 60515		24 CITY-ST-ZIP	
TITLE	VP	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	Black, Kathleen T.		32 NAME	
STREET ADDRESS	2300 Warrenville Rd		33 STREET ADDRESS	
CITY-ST-ZIP	Downers Grove IL 60515		34 CITY-ST-ZIP	
TITLE		☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME			42 NAME	200001820222
STREET ADDRESS			43 STREET ADDRESS	-05/14/96--01023--017
CITY-ST-ZIP			44 CITY-ST-ZIP	***200.00
TITLE		☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME			52 NAME	5/1/96
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition CC
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

CR2E034 (12/95)

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)(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 added to the report.

SIGNATURE: Mary K Dudley — 4.1.96 — 708.271.2988
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #