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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #

850173

(6)

1 8	incipal Place 48 W. STATE STE, 100	IS ELDERCARE NETWO	Mailing Address 148 W. STATE ST. STE. 100 KENNETT SQUARE PA 19 US	348-3050			
,	19		US			3. Date Incorporated or Qualified 08/28/1981	3a. Date of Last Report 06/03/1996
2.	Principal Place of Business		28. Mailing Address	2a. Mailing Address		4. FEI Number	Applied For
21]		26	26		23-2107987	Not Applicable
	Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
22	City P. Canto		27 City 6 Ct-12				Fee Required
23	City & State	;	City & State	 		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	Zip	Country		Country	·	This corporation has liability for it	
24		25	⊢ ' ⊢	30			Yes No
	9. Name and Address of Current Registered Agent					10. Name and Address of New Re	gistered Agent
CT CORPORATION SYSTEM					Name		
1200 S. PINE ISLAND ROAD				82	Street Ad	dress (P.O. Box Number is Not Acceptab	le)
	PLA	UNTATION FL 33324				·	
		•		83			
				84	City		FL 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							
12	~	Signature, typeo or printed name of registers	d agent and title if applicable (NOTE S AND DIRECTORS	Registered Age	nt signature req	ured when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE PEDE AND DIRECTORS IN 10
_	rLE	P	DELFTE	1.1 THLE	Т	ADDITIONS/CITANGES TO OTHE	Change Addition
	ME *	0144 DT 1 0140		1.2 NAME			_
STREET ADDRESS		375 MORRIS ROAD		1.3 STREET	ADORESS		
cn	TY-ST-ZIP	W POINT PA		1.4 CITY - ST - ZIP			
ΤΠ	TLE			2.1 TITLE			Change Addition
N/A	ME	HAGER, GEORGE V.		2.2 NAME			
		148 W STATE STREET		2.3 STREET ADDRESS			
CITY-ST-ZIP		KENNETH SQUARE PA		2.4 CTTY - ST - ZIP			
	TLE S		☐ DELETE	3.1 TITLE			Change Addition
		IVA C. GUBERNICK		3.2 NAME			
		148 W STATE ST KENNETT SQUARE PA		3.3 STREET			
CITY-ST-ZIP KE		T TOUCHTE	DELETE	3.4. C(TY - \$1 - 2(P) 4.1 TITLE			Change Addition
i .	AME KUHNLE, KENNETH K		C beerie	4. 2 NAME			Change Radinon
STREET ADDRESS		19 CARRIAGE DR		4.3 STREET ADDRES			
CITY-ST-ZIP		DOWNINGTOWN PA					
_	ILE	DELET		5.1 TITLE		· · · · · · · · · · · · · · · · · · ·	Change / Additigft
NAME				5.2 NAMÉ			
STREET ADDRESS				5.3 STREET	ADDRESS		11/2/5/
CITY-ST-ZIP				5.4 CHY+S1+ZIP		Security Security Security Security Security Security Security Security	(0)
TITLE			☐ DELETE	6.1 TITLE		20000207 -02/05/970103	Addition Addition
NA	ME			6 2 NAME		***2145.00	oc=1031
ST	REET ADDRESS			6.3 STREET	ADDRESS	***C140.UU	
l en	TY-\$T-7IP			64 C(TV-S	T_ 7(P		

14. I do 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 eath; 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 phanged, or on an attachment with an address.

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FILED

Feb 05 1997 8:00am

Secretary of State