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Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90226 022 ****70.00

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # 724973

1. Corporation Name

ELDER CARE SERVICES, INC.

Principal Place of Business

% KATHRYN ARRANT
 2518 W TENNESSEE ST.
 TALLAHASSEE FL 32304

Mailing Address

% KATHRYN ARRANT
 2518 W TENNESSEE ST.
 TALLAHASSEE FL 32304



| | | | | | |
|--------------------------------|---------------------|---------------------|---------------------|---|-------------------------------|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 12/12/1972 | |
| 21 | Suite, Apt. #, etc. | 26 | Suite, Apt. #, etc. | 4. FEI Number 59-1426079 | Applied For Not Applicable |
| 22 | City & State | 27 | City & State | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 23 | Zip | 28 | Zip | 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 24 | Country | 29 | Country | Trust Fund Contribution | |

9. Name and Address of Current Registered Agent

ARRANT, KATHRYN
 2518 W. TENNESSEE ST.
 TALLAHASSEE FL 32304

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|------------------------|---|----------------------------------|
| TITLE | PD | 1.1 TITLE | TD |
| NAME | COMBS, TAMI | 1.2 NAME | Tami S. Combs |
| STREET ADDRESS | ROUTE 5 BOX 85 | 1.3 STREET ADDRESS | Route 5 Box 85, Havana, FL 32333 |
| CITY-ST-ZIP | HAVANA FL 32333 | 1.4 CITY-ST-ZIP | |
| TITLE | PED | 2.1 TITLE | PD |
| NAME | WORTHEN, DREAMAL | 2.2 NAME | Worthen, Dreamal |
| STREET ADDRESS | 2280 KIMBERLY LN | 2.3 STREET ADDRESS | 2280 Kimberly Lane |
| CITY-ST-ZIP | TALLAHASSEE FL 32301 | 2.4 CITY-ST-ZIP | Tallahassee, Florida 32301 |
| TITLE | VPD | 3.1 TITLE | PED |
| NAME | GUARISCO, PETER | 3.2 NAME | Guarisco, Peter |
| STREET ADDRESS | 3350 LAKESHORE DR | 3.3 STREET ADDRESS | 3350 Lakeshore Drive |
| CITY-ST-ZIP | TALLAHASSEE FL 32312 | 3.4 CITY-ST-ZIP | Tallahassee, Florida 32312 |
| TITLE | SD | 4.1 TITLE | VD |
| NAME | LAURIE TAYLOR | 4.2 NAME | Taylor, Laurie |
| STREET ADDRESS | 3569 BARTRAN CT | 4.3 STREET ADDRESS | 3569 Bartran Court |
| CITY-ST-ZIP | TALLAHASSEE FL 32308 | 4.4 CITY-ST-ZIP | Tallahassee, Florida 32308 |
| TITLE | D | 5.1 TITLE | |
| NAME | WEATHERSPOON, LORRAINE | 5.2 NAME | |
| STREET ADDRESS | 1865 VINELAND LANE | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | TALLAHASSEE FL 32311 | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | SD |
| NAME | | 6.2 NAME | Goins, Bob |
| STREET ADDRESS | | 6.3 STREET ADDRESS | 798 Violet Street |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | Tallahassee, Florida 32308 |

14. 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Katherine Harris* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/99

921-2030

Daytime Phone #

CR2E037 (11/98)