FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 PM 1:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 755977 (6)

1. Corporation Name
VERSACARE, INC.

Principal Place of Business	Mailing Address
651 E. 25TH S T. HIALEAH FL 33013 US	651 E. 25TH ST 651 EAST 25TH ST. HIALEAH FL 33013 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/21/1981
3a. Date of Last Report: 04/20/1994
4. FEI Number: 59-0657867 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

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)

9. Name and Address of Current Registered Agent

PARISH, DAVID F.
MCDERMOTT, WILL & EMERY
201 S. BISCAYNE BLVD., 22ND FLOOR
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name: Parish, David F
82 Street Address (P.O. Box Number is Not Acceptable): Mershon Sawyer Johnston Dunwoody & Cole
83: 200 S. Biscayne Blvd., Suite 4500
84 City: Miami FL 85 Zip Code: 33131

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CDP	11 TITLE	☐ Change ☐ Addition
NAME	COY, ROBERT E.	12 NAME	
STREET ADDRESS	702 S. WASHBURN AVE.	13 STREET ADDRESS	
CITY-ST-ZIP	CORONA CA	14 CITY-ST-ZIP	
TITLE	VC	21 TITLE	☐ Change ☐ Addition
NAME	SANDERFUR, CHARLES C.	22 NAME	
STREET ADDRESS	702 S. WASHBURN AVE.	23 STREET ADDRESS	
CITY-ST-ZIP	CORONA CA	24 CITY-ST-ZIP	
TITLE	TD	31 TITLE	☐ Change ☐ Addition
NAME	BRODERSEN, ELLEN H.	32 NAME	
STREET ADDRESS	105 WYNNWOOD LANE	33 STREET ADDRESS	
CITY-ST-ZIP	HARRISONBURG VA	34 CITY-ST-ZIP	
TITLE	SD	41 TITLE	☐ Change ☐ Addition
NAME	HANSON, CALVIN	42 NAME	
STREET ADDRESS	702 S. WASHBURN AVE	43 STREET ADDRESS	
CITY-ST-ZIP	CORONA CA	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robert Coy VP 4/28/95 305-835-4240
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

D008309