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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1997

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

DOCUMENT # 755977 (6)

1. Corporation Name
VERSACARE, INC.

Principal Place of Business
651 E. 25TH S T.
HIALEAH FL 33013
US

Mailing Address
651 E. 25TH ST
651 EAST 25TH ST.
HIALEAH FL 33013-3814
US

2. Principal Place of Business
21 702 S. Washburn Avenue
Suite, Apt #, etc
22
City & State
23 Corona, CA
Zip
24 91720
Country
25 USA

2a. Mailing Address
26 702 S. Washburn Avenue
Suite, Apt. #, etc.
27
City & State
28 Corona, CA
Zip
29 91720
Country
30 USA

3. Date Incorporated or Qualified: 01/21/1981
3a. Date of Last Report: 07/11/1996
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PARISH, DAVID F
RUDEN MCCLOSKY SMITH SHUSTER & RUSSELL, PA
200 E. BROWARD BLVD. STE #200
FT LAUDERDALE FL 33301

10. Name and Address of New Registered Agent
31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City FL 35 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	
TITLE	C ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	COY, ROBERT E	1.2 NAME	
STREET ADDRESS	1916 DANA DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	ADELPHI MD 20783	1.4 CITY-ST-ZIP	
TITLE	S ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	HANSON, CALVIN J	2.2 NAME	
STREET ADDRESS	5336 PEACOCK LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	RIVERSIDE CA 92505	2.4 CITY-ST-ZIP	
TITLE	VC ☐ DELETE	3.1 TITLE	☒ Change ☐ Addition
NAME	SANDEFUR, CHARLES C	3.2 NAME	
STREET ADDRESS	87 WILLOW LEAF DRIVE	3.3 STREET ADDRESS	8650 Pioneers Blvd.
CITY-ST-ZIP	LITTLETON CO 80210	3.4 CITY-ST-ZIP	Lincoln, NE 68520
TITLE	D ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	ANDERSON, O. D.	4.2 NAME	
STREET ADDRESS	777 EAST 25TH, #316	4.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33013	4.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	BROWN, GEORGE W	5.2 NAME	
STREET ADDRESS	2711 NORTH POMELO DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	AVON PARK FL 33013	5.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	6.1 TITLE	☐ Addition
NAME	MACOMBER, ROBERT D	6.2 NAME	
STREET ADDRESS	5406 PEACOCK LANE	6.3 STREET ADDRESS	
CITY-ST-ZIP	RIVERSIDE CA 92505	6.4 CITY-ST-ZIP	

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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 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: Ella H. Brodelze — Secretary
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date