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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **755977**

1. Corporation Name
VERSACARE, INC.

Principal Place of Business	Mailing Address
702 S. WASHBURN AVE. CORONA CA 91720 US	702 S. WASHBURN AVE. CORONA CA 91720 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 01/21/1981
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 33-0052434 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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 _____ 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	PVC	☐ 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	C	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	SANDEFUR, CHARLES C		3.2 NAME	
STREET ADDRESS	8650 PIONEERS BLVD.		3.3 STREET ADDRESS	
CITY-ST-ZIP	LINCOLN NE 68520		3.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	BRODERSEN, ELLEN H.		4.2 NAME	
STREET ADDRESS	92 N LIBERTY ST		4.3 STREET ADDRESS	
CITY-ST-ZIP	HARRISONBURG VA 22801		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	☐ Change ☐ Addition
NAME	MACOMBER, ROBERT D		6.2 NAME	
STREET ADDRESS	5408 PEACOCK LANE		6.3 STREET ADDRESS	
CITY-ST-ZIP	RIVERSIDE CA 92505		6.4 CITY-ST-ZIP	

CR2E037 (11/98)

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: SIGNATURE REQUIRED Robert E. Coy, Pres. 2/15/99 909-736-6909
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #