2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Apr 16, 2002 8:00 am Secretary of State **DOCUMENT # 7**55977 1. Entity Name VERSACARE, INC. 04-16-2002 90050 003 ****61.25 Principal Place of Business Mailing Address 702 S. WASHBURN AVE. 702 S. WASHBURN AVE. CORONA CA 91720 CORONA CA 91720 US US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number City & State City & State Applied For 33-0052434 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П **Fee Required** 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PARISH, DAVID F Street Address (P.O. Box Number is Not Acceptable) RUDEN MCCLOSKY SMITH SHUSTER & RUSSELL, PA 200 E. BROWARD BLVD. STE #200 FT LAUDERDALE FL 33301 City Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 3 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be FILE NOW: FEE IS \$61.25 G Trust Fund Contribution. Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. **PVC** TITLE ☐ Delete TITLE Change ☐ Addition COY, ROBERT E. NAME NAME 201 LEASON COVE DR STREET ADDRESS STREET ADDRESS LUSBY MD 20657 CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE ☐ Addition HANSON, CALVIN J NAME NAME 5336 PEACOCK LANE STREET ADDRESS STREET ADDRESS **RIVERSIDE CA 92505** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition Chairman SANDEFUR,-CHARLES C NAME NAME Sandefur, Charles C. 8317 WATER TOWER CT STREET ADDRESS STREET ADDRESS 12501 Old Columbia Pike LINCOLN NE 68516 CITY-ST-ZIP CITY-ST-ZIP ilver Spring, MD 20904-6600 TITLE ☐ Change ☐ Addition TITLE Delete BRODERSEN, ELLEN H. NAME NAME 92 N LIBERTY ST STREET ADDRESS STREET ADDRESS HARRISONBURG VA 22801 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition BROWN, GEORGE W NAME NAME 2711 NORTH POMELO DRIVE STREET ADDRESS STREET ADDRESS AVON PARK FL 33013 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition MACOMBER, ROBERT D NAME NAME 5408 PEACOCK LANE STREET ADDRESS STREET ADDRESS **RIVERSIDE CA 92505** CITY-ST-ZIP CITY-ST-ZIP 12. 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 report or supplemental 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

UNICEDUIRROBERT E. Coy, J.D. Pres. 4/5/02 909-736-6909 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone 4