2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # 858050 1. Entity Name SERVICEMASTER HOME HEALTH CARE SERVICES INC.					Jul 23, 2002 8:00 am Secretary of State 07-23-2002 90340 005 ***550.00	
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Principal Place of Bus		Mailing Address		———		
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City & State		City & State				<u> </u>
<u>Downers (n</u>	DVE, IL	Downers Grove	e, 11		FEI Number 36-3201073	Applied For Not Applicat
60515		60515	Country VSA	5.	Certificate of Status Desired	\$8.75 Additional
6. Na	ame and Address of Current F	Registered Agent			Name and Address of New Registe	Fee Required
C T CORPORATIO	on system		Name	9		
1200 SOUTH PINE ISLAND ROAD		Street Address (F		Address (P.O.	Box Number is Not Acceptable)	
PLANTATION FL	33324			<u> </u>		
			City			Zip Code
The above named e	ntity submits this statement for	the purpose of changing i	ts registered office	or registered ac	gent, or both, in the State of Florida. 1	
	gistered agent.			0	sensi el ecal, in the blate of Fiblida. T	am tamiliar with, and accept
GNATURE						
	ped or printed name of registered agent an	d title if applicable. (NO	TF: Begistered Apont size	oture		
Signature, ty This corporation is e	ped or printed name of registered agent an eligible to satisfy its Intangible		TE: Registered Agent sign		einstating) DA	TE
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