FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **F50650** **(3)**

1. Corporation Name
COUNTRYSIDE HEALTH SERVICES, INC.

Principal Place of Business
1300 HEATHER RIDGE BLVD.
DUNEDIN FL 34698
US

Mailing Address
PO BOX 1323
DUNEDIN FL 34697-1323
US

3. Date Incorporated or Qualified: **10/21/1981**
3a. Date of Last Report: **04/14/1995**

4. FEI Number: **59-2126750** ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

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
CARMICHAEL, SUSAN J. D
2601 JEWEL RD
BELLEAIR BLUFFS FL 33540

10. Name and Address of New Registered Agent
81 Name: CARMICHAEL SUSAN
82 Street Address (P.O. Box Number is Not Acceptable): 5770 Roosevelt Blvd Suite 700
83
84 City: Clearwater FL 85 Zip Code: 34620

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 _____ TITLE _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	TANIJA, JUGAL K	
STREET ADDRESS	6505 ROCKSIDE RD STE 400	
CITY-ST-ZIP	INDEPENDENCE OH 44131-1442	
TITLE	PD	☐ DELETE
NAME	CARMICHAEL, SUSAN J	
STREET ADDRESS	2601 JEWEL RD	
CITY-ST-ZIP	BELLEAIR BLUFFS FL 33540	
TITLE	TD	☒ DELETE
NAME	WITHERINGTON, JAMES	
STREET ADDRESS	6505 ROCKSIDE RD STE 400	
CITY-ST-ZIP	INDEPENDENCE OH 44131-1442	
TITLE	Secretary	☐ DELETE
NAME	DAN Rose	
STREET ADDRESS	6505 Rockside Rd St 400	
CITY-ST-ZIP	Independence OH 10	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	☐ Change ☐ Addition
1.2 NAME	Susan Carmichael Addus	
1.3 STREET ADDRESS	5770 Roosevelt Blvd Suite 700	
1.4 CITY-ST-ZIP	Clearwater, Fl 34620	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	400001789864	☐ Change ☒ Addition
4.2 NAME	-04/23/96--01013--013	
4.3 STREET ADDRESS	***200.00	
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Susan Carmichael
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/96 — Date

813-736-2468 — Daytime Phone #

CR2E034 (12/95)

96-04-23