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FILED

Mar 10 1997 8:00am
Secretary of StatePROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000000770 (6)

1. Corporation Name

PERSONACARE OF ST. PETERSBURG, INC.



Principal Place of Business

400 NORTHRIDGE ROAD
SUITE 400
ATLANTA GA 30350

Mailing Address

400 NORTHRIDGE ROAD
SUITE 400
ATLANTA GA 30350-3332

2. Principal Place of Business

21 1105 Sanctuary Pkwy.

2a. Mailing Address

26 1105 Sanctuary Pkwy.

Suite, Apt. #, etc.

22 Suite 100

City & State

23 Alpharetta, GA

Zip

24 30201

Country

25 Fulton

Zip

29 30201

Country

30 Fulton

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET, STE 105
TALLAHASSEE FL 32301

3. Date Incorporated or Qualified

02/15/1995

3a. Date of Last Report

03/15/1996

4. FEI Number

59-3290525

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☒ Yes☐ No

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 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

By _____, Agent or person authorized to register agent and file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETENAME BARDIS, JOHN A
STREET ADDRESS 400 NORTHRIDGE ROAD STE 400
CITY-ST-ZIP ATLANTA GATITLE VTD ☐ DELETENAME MYLL, DONALD R
STREET ADDRESS 400 NORTHRIDGE ROAD STE 400
CITY-ST-ZIP ATLANTA GATITLE V ☐ DELETENAME CAYCE, LAURA E
STREET ADDRESS 400 NORTHRIDGE ROAD STE 400
CITY-ST-ZIP ATLANTA GATITLE VS ☐ DELETENAME GLENN, JONATHAN H
STREET ADDRESS 400 NORTHRIDGE ROAD STE 400
CITY-ST-ZIP ATLANTA GATITLE AS ☐ DELETENAME RANDALL, FREDERIC A
STREET ADDRESS 4875 MACARTHUR COURT, STE 1000
CITY-ST-ZIP NEWPORT BEACH CATITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition12 NAME
13 STREET ADDRESS 1105 Sanctuary Pkwy., Ste. 100
14 CITY-ST-ZIP Alpharetta, GA 302012.1 TITLE ☒ Change ☐ Addition22 NAME
23 STREET ADDRESS 1105 Sanctuary Pkwy., Ste. 100
24 CITY-ST-ZIP Alpharetta, GA 302013.1 TITLE ☒ Change ☐ Addition32 NAME
33 STREET ADDRESS 1105 Sanctuary Pkwy., Ste 100
34 CITY-ST-ZIP Alpharetta, GA 302014.1 TITLE ☒ Change ☐ Addition4.2 NAME
4.3 STREET ADDRESS 1105 Sanctuary Pkwy., Ste 100
4.4 CITY-ST-ZIP Alpharetta, GA 302015.1 TITLE ☐ Change ☐ Addition5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secretary

(770) 569-1840

Date

Daytime Phone #

CR2E034 (9/96)