

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 # F95000000773 (0)

1. Corporation Name

PERSONACARE OF BRADENTON, INC.



Principal Place of Business Mailing Address  
400 NORTHRIDGE ROAD, STE 400 400 NORTHRIDGE ROAD, STE 400  
ATLANTA GA 30350 ATLANTA GA 30350

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 24 Country 28 Zip 29 Country 30

3. Date Incorporated or Qualified 02/15/1995 3a. Date of Last Report  
4. FEI Number 65-0549924 Applied For  
NOT APPLICABLE Not Applicable  
5. Certificate of Status Desired \$8.75 Additional  
Fee Required  
6. Election Campaign Financing \$5.00 May Be  
Trust Fund Contribution 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

10. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD DELETE  
NAME BARDIS, JOHN A  
STREET ADDRESS 400 NORTHRIDGE ROAD, STE 400  
CITY-ST-ZIP ATLANTA GA  
TITLE VSD DELETE  
NAME MYLL, DONALD R  
STREET ADDRESS 400 NORTHRIDGE ROAD, STE 400  
CITY-ST-ZIP ATLANTA GA  
TITLE V DELETE  
NAME CAYCE, LAURA E  
STREET ADDRESS 400 NORTHRIDGE ROAD, STE 400  
CITY-ST-ZIP ATLANTA GA  
TITLE V DELETE  
NAME LORD, TODD  
STREET ADDRESS 400 NORTHRIDGE ROAD, STE 400  
CITY-ST-ZIP ATLANTA GA  
TITLE AS DELETE  
NAME GLENN, JONATHAN H  
STREET ADDRESS 400 NORTHRIDGE ROAD, STE 400  
CITY-ST-ZIP ATLANTA GA  
TITLE D DELETE  
NAME HACKETT, PATRICK T  
STREET ADDRESS 466 LEXINGTON AVENUE 10TH FLOOR  
CITY-ST-ZIP NEW YORK NY

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE V/T/D 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 Change Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE V/S 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)