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Apr 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **F95000000775 (5)**
1. Corporation Name
PERSONACARE LIVING CENTER OF CLEARWATER, INC.



Principal Place of Business Mailing Address
400 NORTHRIDGE ROAD, STE 400 **400 NORTHRIDGE ROAD, STE 400**
ATLANTA GA 30350 **ATLANTA GA 30350-3332**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/15/1995	3a. Date of Last Report 03/21/1996
21	1105 Sanctuary Pkwy. Suite, Apt. #, etc. Suite 100 City & State Alpharetta, Georgia Zip 30201	26	1105 Sanctuary Pkwy. Suite, Apt. #, etc. Suite 100 City & State Alpharetta, Georgia Zip 30201	4. FEI Number NOT APPLICABLE	Applied For Not Applicable
22	Suite 100	27	Suite 100	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Alpharetta, Georgia	28	Alpharetta, Georgia	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	30201	29	30201	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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 _____ (NOTE: Registered Agent's signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARDIS, JOHN A	1.2 NAME	
STREET ADDRESS	400 NORTHRIDGE ROAD, STE 400	1.3 STREET ADDRESS	1105 Sanctuary Pkwy., Ste. 100
CITY-STATE-ZIP	ATLANTA GA	1.4 CITY-STATE-ZIP	Alpharetta, GA 30201
TITLE	VTD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MYLL, DONALD R	2.2 NAME	
STREET ADDRESS	400 NORTHRIDGE ROAD, STE 400	2.3 STREET ADDRESS	1105 Sanctuary Pkwy., Ste. 100
CITY-STATE-ZIP	ATLANTA GA	2.4 CITY-STATE-ZIP	Alpharetta, GA 30201
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAYCE, LAURA E	3.2 NAME	
STREET ADDRESS	400 NORTHRIDGE ROAD, STE 400	3.3 STREET ADDRESS	1105 Sanctuary Pkwy., Ste. 100
CITY-STATE-ZIP	ATLANTA GA	3.4 CITY-STATE-ZIP	Alpharetta, GA 30201
TITLE	VS <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLENN, JONATHAN H	4.2 NAME	
STREET ADDRESS	400 NORTHRIDGE ROAD, STE 400	4.3 STREET ADDRESS	1105 Sanctuary Pkwy., Ste. 100
CITY-STATE-ZIP	ATLANTA GA	4.4 CITY-STATE-ZIP	Alpharetta, GA 30201
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	AS
STREET ADDRESS		5.3 STREET ADDRESS	RANDALL, FREDERIC A.
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	4675 MacArthur Court, Suite 1000
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-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: _____ Secretary (770) 569-1840
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)