SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

0119945

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 SEP 29 PM 2:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F95000000934**

1. Corporation Name
ADDUS HEALTHCARE, INC.

Principal Place of Business
10 WEST KINZIE ST.
ATTN: CORPORATE COUNSEL
CHICAGO IL 60610

Mailing Address
10 WEST KINZIE ST.
ATTN: CORPORATE COUNSEL
CHICAGO IL 60610

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/24/1995

2. Principal Place of Business
21 2401 S. PLUM GROVE ROAD
Suite, Apt. #, etc
22 PALATINE, IL
City & State
23
Zip 24 60067 Country 25 USA

2a. Mailing Address
26 2401 S. PLUM GROVE RD,
Suite, Apt. #, etc
27 SUITE 200 ATTN: CORP. COUNSEL
City & State
28 PALATINE, IL
Zip 29 60067 Country 30 USA

4. FEI Number
42-1014070
[ ] Applied For
[ ] Not Applicable

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 owes the current year Intangible Personal Property [ ] Yes [ ] No

9. Name and Address of Current Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYES ST., STE. #105
TALLAHASSEE FL 32301

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title, if applicable

12. OFFICERS AND DIRECTORS

TITLE	P	[ ] DELETE
NAME	WRIGHT, W. ANDREW	
STREET ADDRESS	10 W KINZIE ST	
CITY-ST-ZIP	CHICAGO IL 60610	
TITLE	VP	[ ] DELETE
NAME	HEANEY, MARK S	
STREET ADDRESS	10 W KINZIE ST	
CITY-ST-ZIP	CHICAGO IL 60610	
TITLE	S	[ ] DELETE
NAME	WRIGHT, ELAINE M	
STREET ADDRESS	10 W KINZIE ST	
CITY-ST-ZIP	CHICAGO IL 60610	
TITLE	T	[X] DELETE
NAME	RANCINE, KEITH	
STREET ADDRESS	10 W KINZIE ST	
CITY-ST-ZIP	CHICAGO IL 60610	
TITLE	AS	[X] DELETE
NAME	DIOGUARDI, MICHAEL J	
STREET ADDRESS	10 W KINZIE ST	
CITY-ST-ZIP	CHICAGO IL 60610	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		[✓] Change [ ] Addition
1.2 NAME		
1.3 STREET ADDRESS	2401 S. PLUM GROVE ROAD	
1.4 CITY-ST-ZIP	PALATINE, IL 60067	
2.1 TITLE		[✓] Change [ ] Addition
2.2 NAME		
2.3 STREET ADDRESS	2401 S. PLUM GROVE ROAD	
2.4 CITY-ST-ZIP	PALATINE, IL 60067	
3.1 TITLE		[✓] Change [ ] Addition
3.2 NAME		
3.3 STREET ADDRESS	2401 S. PLUM GROVE ROAD	
3.4 CITY-ST-ZIP	PALATINE, IL 60067	
4.1 TITLE	TREASURER	[ ] Change [X] Addition
4.2 NAME	RON FORD	
4.3 STREET ADDRESS	2401 S. PLUM GROVE ROAD	
4.4 CITY-ST-ZIP	PALATINE, IL 60067	
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		

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****550.00 ****550.00

14. I 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: M Heaney MARK S. HEANEY 8/25/99 847/303-8300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/99)