SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996 AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT

1006



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

	245.77	
DOCUMENT #	F95000002243	(2)

1. Corporation Name INDIANA GOLDEN CARE INC. Mailing Address Principal Place of Business 2431 DIRECTORS ROW, SUITE G 2431 DIRECTORS ROW, SUITE G INDIANAPOLIS IN 46241 INDIANAPOLIS IN 46241 3a. Date of Last Report 3. Date Incorporated or Qualified 04/20/1995 Applied For 4. FEI Number Principal Place of Business Not Applicable GOLDEN (me 35-1812159 Ame 17 \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State 301 BLVO \$5.00 May Be 6. Election Campaign Financing City & State Added to Fees Trust Fund Contribution JARASOTA 23 This corporation has liability for intangible tax under s 199 032. Florida Statutes Yes No Zip Country SARASOTA 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 82 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 82 Zip Code 85 84 City 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. LAIL SIGNATURE (NOTE Registered Agent Equators required when redistrating) Signature it give the profession work related a gent and the diapple above (36/8) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition DELETE 1111116 TITLE 1.2 NAME BRENNAN, JOHN M NAME 2431 DIRECTORS ROW, SUITE G 1.3 STREET ADDRESS STREET ADDRESS 1.4 CITY - ST - 2IP INDIANAPOLIS IN 46241 CITY - ST - ZIP Change Addition DELETE 21 TITLE TITLE SD 2.2 NAME BIRD, SUSAN R NAME 2.3 STREET ADDRESS 2431 DIRECTORS ROW, SUITE G STREET ADDRESS 2 4 C/TY - ST-ZIP INDIANAPOLIS IN 46241 CITY-ST-ZIP Change Addition President é ceo 3.1 TITLE DELETE TITLE 32 NAME FUTCH, TOM R NAME 3.3 STREET ADDRESS 2431 DIRECTORS ROW, SUITE G STREET ADDRESS INDEMNAPOLIS, IN 3.4 City - S7 - ZiP INDIANAPOLIS IN 46241 CITY - ST - ZIP SR. VP & COO JAMES R. HAAS Addition DELETE 4.1 THLE TITLE 4.2 NAME NAME Z431 DIRECTORS ROW INDEANAPOLES, IN 4.3 STREET ADDRESS STREET ADDRESS 624 4.4 C+TY + ST - ZIP CITY - ST - ZIP Change Addition DELETE 5.1 DILE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST- 7IP CITY-ST-ZIP Change Addition DELETE 6 1 TITLE

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 1 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address CITY-ST-ZIP

6.2 NAME

6 3 STREET ADDRESS

64 CITY - ST - ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-17-96 (317) 244-5037