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Jan 24 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # F95000002243 (2)

1. Corporation Name

INDIANA GOLDEN CARE INC.



Principal Place of Business

101 SUN LANE N.E.  
ATTN: LEGAL DEPT  
ALBUQUERQUE NM 87109

Mailing Address

101 SUN LANE N.E.  
ATTN: LEGAL DEPT  
ALBUQUERQUE NM 87109-4373

3. Date Incorporated or Qualified

04/20/1995

3a. Date of Last Report

06/17/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27 City & State

28

Zip

Country

29

30

4. FEI Number

35-1812159

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 has liability for intangible tax under s. 199.032,  
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET, SUITE 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

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 ☒ DELETE  
NAME LEVINAN, ROBERT A  
STREET ADDRESS 101 SUN LANE N.E.  
CITY-ST-ZIP ALBUQUERQUE NM 87109

TITLE ☐ DELETE  
NAME TURNER, ANDREW L  
STREET ADDRESS 101 SUN LANE N.E.  
CITY-ST-ZIP ALBUQUERQUE NM 87109

TITLE ☐ DELETE  
NAME FUTCH, TOM R  
STREET ADDRESS 2431 DIRECTORS ROW, SUITE G  
CITY-ST-ZIP INDIANAPOLIS IN 46241

TITLE ☐ DELETE  
NAME WARRICK, WILLIAM C  
STREET ADDRESS 101 SUN LANE N.E.  
CITY-ST-ZIP ALBUQUERQUE NM 87109

TITLE ☐ DELETE  
NAME MANN, NIKKI J  
STREET ADDRESS 101 SUN LANE N.E.  
CITY-ST-ZIP ALBUQUERQUE NM 87109

TITLE ☐ DELETE  
NAME Director  
STREET ADDRESS Robert O. Waitil  
CITY-ST-ZIP 101 Sun Lane NE  
Albuquerque, Nm 87109

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE V.P. + Director ☒ Change ☐ Addition  
1.2 NAME Levin, Robert A.  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE V.P. ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE President + CEO ☒ 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 ☐ 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 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

1-13-97

505-821-3355

Date

Daytime Phone #

CR2E034 (9/96)