

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
Apr 18 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000000501 (4)

1. Corporation Name

SCI HEALTHCARE GROUP, INCORPORATED



Principal Place of Business

Mailing Address

5015 VALENCIA DR.  
TOLEDO OH 43623

5015 VALENCIA DR.  
TOLEDO OH 43623-2977

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	8 River Hills Ln	26	8 River Hills Ln	01/30/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
				34-1789908	Not Applicable
22		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State			
Toledo, OH		Toledo, OH		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23		28			
Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
24	43623	25	Lucas	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
29	43623	30	Lucas		

9. Name and Address of Current Registered Agent

ROHRER, THOMAS S  
8510 EGRET LAKES LANE  
WEST PALM BEACH FL 33412

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NASH, MICHAEL D	1.2 NAME	
STREET ADDRESS	5015 VALENCIA DR.	1.3 STREET ADDRESS	8 River Hills Ln
CITY-ST-ZIP	TOLEDO OH 43623	1.4 CITY-ST-ZIP	Toledo, OH 43623
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETERSON, ERVIN G	2.2 NAME	
STREET ADDRESS	5015 VALENCIA DR.	2.3 STREET ADDRESS	5344 Lakewood Dr
CITY-ST-ZIP	TOLEDO OH 43623	2.4 CITY-ST-ZIP	Brighton, MI 48116
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROHRER, THOMAS S	3.2 NAME	
STREET ADDRESS	5015 VALENCIA DR.	3.3 STREET ADDRESS	8510 Egret Lakes Ln
CITY-ST-ZIP	TOLEDO OH 43623	3.4 CITY-ST-ZIP	West Palm Beach, FL 33412
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	DAVID R. Gudvohufsky
STREET ADDRESS		4.3 STREET ADDRESS	18917 Avenue Biarritz
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Lutz, FL 33549
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
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-ST-ZIP		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. 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, unchanged, or on an attachment with an address.

CR2E034 (9/96)