


FILED

Mar 12 1997 8:00am
Secretary of State

<p style="text-align: center;">PROFIT CORPORATION ANNUAL REPORT 1997</p>		<p style="text-align: center;">FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</p>
<p>DOCUMENT # F96000002521 (0)</p>		
<p>1. Corporation Name PERSONACARE, INC.</p>		
<p>Principal Place of Business 400 NORTHBRIDGE RD., #700 ATLANTA GA 30350</p>		<p>Mailing Address 400 NORTHBRIDGE RD., #700 ATLANTA GA 30350-3381</p>
<p>2. Principal Place of Business</p> <p>21 1105 Sanctuary Pkwy. Suite Apt. #, etc. Suite 100 City & State Alpharetta, GA 30201 Zip Country 30201 Fulton</p>		<p>2a. Mailing Address</p> <p>26 1105 Sanctuary Pkwy. Suite Apt. #, etc. Suite 100 City & State Alpharetta, GA 30201 Zip Country 30201 Fulton</p>
<p>9. Name and Address of Current Registered Agent</p> <p>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525</p>		
<p>11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation has changed its office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors, and I, the undersigned, am familiar with and accept the obligations of Section 607.0505, Florida Statutes.</p>		
<p>SIGNATURE _____ (NOTE: Registered Agent signature required)</p>		
<p>12. OFFICERS AND DIRECTORS</p>		
<p>TITLE NAME STREET ADDRESS CITY - ST - ZIP</p>	<p>PDC <input type="checkbox"/> DELETE BARDIS, JOHN A 400 NORTHBRIDGE RD., #400 ATLANTA GA 30350</p> <p>V <input type="checkbox"/> DELETE CAYCE, LAURA E 400 NORTHBRIDGE RD., #400 ATLANTA GA 30350</p> <p>S <input type="checkbox"/> DELETE GLENN, JONATHAN H 400 NORTHBRIDGE RD., #400 ATLANTA GA 30350</p> <p>TD <input type="checkbox"/> DELETE MYLL, DONALD R 400 NORTHBRIDGE RD., #400 ATLANTA GA 30350</p> <p><input type="checkbox"/> DELETE</p> <p><input type="checkbox"/> DELETE</p>	<p>13.</p> <p>1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP</p> <p>2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP</p> <p>3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP</p> <p>4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP</p> <p>5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP</p> <p>6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP</p>
<p>14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Block 12 or Block 13 if changed, or on an attachment with an address.</p>		
<p>SIGNATURE: _____</p> <p style="text-align: center;">SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</p>		

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