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1997 MAR 25 PM 1:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F96000004063 (1)

1. Corporation Name
ORND HOME CARE, INC.



Principal Place of Business
PO BOX 1200
NASHVILLE TN 37202-1200

Mailing Address
PO BOX 1200
NASHVILLE TN 37202

2. Principal Place of Business
21 3820 State Street
Suite, Apt. #, etc.

22 City & State
23 Santa Barbara, CA
24 Zip 93105 25 Country USA

2a. Mailing Address
26 c/o Mary H. Yumibe
Suite, Apt. #, etc.

27 3820 State Street
28 City & State Santa Barbara, CA
29 Zip 93105 30 Country USA

3. Date Incorporated or Qualified
08/08/1996

3a. Date of Last Report

4. FEI Number
95-4589613

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

0000002123880-73
***165.00 ***165.00
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 PC
NAME HOUGH, WILLIAM L
STREET ADDRESS 3401 WEST END AVENUE SUITE 700
CITY-ST-ZIP NASHVILLE TN 37203 ☒ DELETE

TITLE VVC
NAME PITTS, KEITH B
STREET ADDRESS 3401 WEST END AVENUE SUITE 700
CITY-ST-ZIP NASHVILLE TN 37203 ☒ DELETE

TITLE DS
NAME SOLTMAN, RONALD P
STREET ADDRESS 3401 WEST END AVENUE SUITE 700
CITY-ST-ZIP NASHVILLE TN 37203 ☒ DELETE

TITLE AS
NAME ABBOTT, KAREN H
STREET ADDRESS 3401 WEST END AVENUE SUITE 700
CITY-ST-ZIP NASHVILLE TN 37203 ☒ DELETE

TITLE T
NAME TONNIES, RUSSELL F
STREET ADDRESS 3401 WEST END AVENUE SUITE 700
CITY-ST-ZIP NASHVILLE TN 37203 ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☐ Change ☒ Addition
1.2 NAME Michael H. Focht, Sr.
1.3 STREET ADDRESS 3820 State Street
1.4 CITY-ST-ZIP Santa Barbara, CA 93105

2.1 TITLE DVS ☐ Change ☒ Addition
2.2 NAME Scott M. Brown
2.3 STREET ADDRESS 3820 State Street
2.4 CITY-ST-ZIP Santa Barbara, CA 93105

3.1 TITLE VCFO ☐ Change ☒ Addition
3.2 NAME Trevor Fetter
3.3 STREET ADDRESS 3820 State Street
3.4 CITY-ST-ZIP Santa Barbara, CA 93105

4.1 TITLE VT ☐ Change ☒ Addition
4.2 NAME Terence P. McMullen
4.3 STREET ADDRESS 3820 State Street
4.4 CITY-ST-ZIP Santa Barbara, CA 93105

5.1 TITLE AS ☐ Change ☒ Addition
5.2 NAME Alan Lundgren
5.3 STREET ADDRESS 3820 State Street
5.4 CITY-ST-ZIP Santa Barbara, CA 93105

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)(c), 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: *Scott M. Brown* Scott M. Brown, Secretary

3/14/97

805/563-7075

CR2E034 (9/96)