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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F96000004063**

1. Corporation Name

ORNDA HOMECARE, INC.

Principal Place of Business

**3820 STATE STREET
SANTA BARBARA CA 93105**

Mailing Address

**% MARY H. YUMIBE
3820 STATE STREET
SANTA BARBARA CA 93105**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 **25**

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 **30**

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

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

12. Registered Agent's name and address, if different from above

13. Title

12. OFFICERS AND DIRECTORS

TITLE **P** **[] DELETE**

NAME **FOCHT, MICHAEL H SR.**

STREET ADDRESS **3820 STATE STREET**

CITY-ST-ZIP **SANTA BARBARA CA 93105**

TITLE **VSD** **[X] DELETE**

NAME **BROWN, SCOTT M**

STREET ADDRESS **3820 STATE STREET**

CITY-ST-ZIP **SANTA BARBARA CA 93105**

TITLE **VCFO** **[] DELETE**

NAME **FETTER, TREVOR**

STREET ADDRESS **3820 STATE STREET**

CITY-ST-ZIP **SANTA BARBARA CA 93105**

TITLE **VT** **[] DELETE**

NAME **MCMULLEN, TERENCE P**

STREET ADDRESS **3820 STATE STREET**

CITY-ST-ZIP **SANTA BARBARA CA 93105**

TITLE **AS** **[X] DELETE**

NAME **LUNDGREN, ALAN**

STREET ADDRESS **3820 STATE STREET**

CITY-ST-ZIP **SANTA BARBARA CA 93105**

TITLE **[] DELETE**

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

DVS

Richard B. Silver

3820 State Street

Santa Barbara, CA 93105

AS

Caitlin M. Larsen

3820 State Street

Santa Barbara, CA 93105

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(g), 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, with all other like empowered.

SIGNATURE

Caitlin M. Larsen

Caitlin M. Larsen, Asst. Sec.

4/9/99

805/563-7075

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