


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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| <b>DOCUMENT # F96000004063</b><br>1. Entity Name<br>ORNDA HOMECARE, INC. |  |
|--|---|

FILED

04 MAR -3 PM 3:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|   |   |
|---|---|
| Principal Place of Business<br>3820 STATE STREET<br>SANTA BARBARA, CA 93105 | Mailing Address<br>% MARY H. YDMIBE Sherrie Smith<br>3820 STATE STREET<br>SANTA BARBARA, CA 93105 |
|---|---|




|                                |                     |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address  |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. |

01052004 Chg-P CR2E034 (10/03)

|              |              |
|--------------|--------------|
| City & State | City & State |
| Zip          | Country      |

|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>95-4589613 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

|  |  |
|--|--|
| 6. Name and Address of Current Registered Agent<br><br>C T CORPORATION SYSTEM<br>1200 SOUTH PINE ISLAND ROAD<br>PLANTATION, FL 33324 | 7. Name and Address of New Registered Agent<br><br>Name<br><br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City <span style="float: right;">FL</span> Zip Code |
|--|--|

|   |                                       |
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| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|---|---------------------------------------|

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2004 Fee will be \$550.00</b> | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |
|---|---|

| 10. OFFICERS AND DIRECTORS                     |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>WESTBROOK, KEN <input type="checkbox"/> Delete<br>2010 MAIN STREET., STE 650<br>IRVINE, CA 92614               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><br>Director/Secretary<br>Caitlin M. Larsen <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>3820 State Street<br>Santa Barbara, CA 93105 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DVS <input checked="" type="checkbox"/> Delete<br>SILVER, RICHARD B<br>3820 STATE STREET<br>SANTA BARBARA, CA 93105 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><br>Asst. Secretary<br>Kristina A. Mack <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>3820 State Street<br>Santa Barbara, CA 93105     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T <input type="checkbox"/> Delete<br>DENT, DENNIS L<br>3820 STATE STREET<br>SANTA BARBARA, CA 93105                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | AS <input checked="" type="checkbox"/> Delete<br>LARSEN, CAITLIN M<br>3820 STATE STREET<br>SANTA BARBARA, CA 93105  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Kristina A. Mack Kristina A. Mack, Asst. Secretary 2/20/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #