

5-19-98 B- 7664 -C  
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 19 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F97000004531 (6)

1. Corporation Name

SERVECARE HOME HEALTH OF ST PETERSBURG, INC.

Principal Place of Business

ONE SERVICEMASTER WAY  
DOWNERS GROVE IL 60515

Mailing Address

ONE SERVICEMASTER WAY  
DOWNERS GROVE IL 60515

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/27/1997	
21	710 94th Avenue North	26		4. FEI Number APPLIED FOR 62-1708173	Applied For Not Applicable
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State St. Petersburg, FL		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip 33702	25. Country U.S.	29. Zip	30. Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

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

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	PD	1.1 TITLE	
NAME	WILHELM, DON	1.2 NAME	
STREET ADDRESS	ONE SERVICEMASTER WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	DOWNERS GROVE IL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	
NAME	BLACK, KATHLEEN T	2.2 NAME	
STREET ADDRESS	ONE SERVICEMASTER WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	DOWNERS GROVE IL	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	S
NAME	BAKER, SUZANNE	3.2 NAME	BAKER, SUZANNA
STREET ADDRESS	ONE SERVICEMASTER WAY	3.3 STREET ADDRESS	ONE SERVICEMASTER WAY
CITY-ST-ZIP	DOWNERS GROVE IL	3.4 CITY-ST-ZIP	DOWNERS GROVE, IL
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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 in an attachment with an address.

SIGNATURE: X

KATHLEEN BLACK

4-28-98 (630) 271-1300

CR2E034 (10/97)