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PROFIT CORPORATION ANNUAL REPORT

1997

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

FILED
97 MAY 21 PM 2:35
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **K60269** **(3)**

1. Corporation Name
CARTER'S HOMECARE, INC.

Principal Place of Business	Mailing Address
C/O 526 EAST PARK AVENUE TALLAHASSEE FL 32301 US	P O BOX 1261 CRAWFORDVILLE FL 32326-1261 US

3. Date Incorporated or Qualified: 01/24/1989
3a. Date of Last Report: 03/25/1996

2. Principal Place of Business	2a. Mailing Address
21 5200 Maryland Way	26 5200 Maryland Way
Suite, Apt. #, etc. 22 Ste 400	Suite, Apt. #, etc. 27 Ste 400
City & State 23 Brentwood TN	City & State 28 Brentwood TN
Zip / Country 24 37027 / 25	Zip / Country 29 37027 / 30

4. FEI Number: 59-2995042 ☐ 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	10. Name and Address of New Registered Agent
NKAI SERVICES, INC. 526 EAST PARK AVENUE TALLAHASSEE FL 32301	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 500002187085--7 -05/21/97--01102--021 84 City ****550.00 FL ****550.00

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.

500002187085--7
-05/21/97--01102--022
*****35.00 *****8.75

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CARTER, R.H. P O BOX 1261 N/A HWY 319 CRAWFORDVILLE FL	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	P D Edward Wissing 5200 Maryland Way Brentwood TN 37027	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD CARTER, BEVERLY P O BOX 1261 N/A HWY 319 CRAWFORDVILLE FL	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	SVP, D David Grass 5200 Maryland Way Brentwood TN 37027	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	SVP, D Mary Ellen Rodgers 5200 Maryland Way Brentwood TN 37027	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	VP Thomas Mills 5200 Maryland Way Brentwood TN 37027	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	VP Robert Fringer 5200 Maryland Way Brentwood TN 37027	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	VP Rita Hill 5200 Maryland Way Brentwood TN 37027	☐ Change ☒ Addition 5-21-97

CR2E034 (9/96)

14. I do 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 on an attachment with an address.

SIGNATURE: _____ 5/19/97 615-221-8884