FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

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
C/O 526 EAST PARK AVENUE
TALLAHASSEE FL 32301
US

Mailing Address
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
21 5200 Maryland Way
Suite, Apt. #, etc.
22 Ste 400
City & State
23 Brentwood TN
Zip 24 37027 Country 25

2a. Mailing Address
26 5200 Maryland Way
Suite, Apt. #, etc.
27 Ste 400
City & State
28 Brentwood TN
Zip 29 37027 Country 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
NKAI SERVICES, INC.
526 EAST PARK AVENUE
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent
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	PD	☒ DELETE	1.1 TITLE	PD	☐ Change ☒ Addition
NAME	CARTER, R.H.		1.2 NAME	Edward Wissing	
STREET ADDRESS	P O BOX 1261 N/A HWY 319		1.3 STREET ADDRESS	5200 Maryland Way	
CITY-ST-ZIP	CRAWFORDVILLE FL		1.4 CITY-ST-ZIP	Brentwood TN 37027	
TITLE	STD	☒ DELETE	2.1 TITLE	SVP, D	☐ Change ☒ Addition
NAME	CARTER, BEVERLY		2.2 NAME	David Grass	
STREET ADDRESS	P O BOX 1261 N/A HWY 319		2.3 STREET ADDRESS	5200 Maryland Way	
CITY-ST-ZIP	CRAWFORDVILLE FL		2.4 CITY-ST-ZIP	Brentwood TN 37027	
TITLE		☐ DELETE	3.1 TITLE	SVP, D	☐ Change ☒ Addition
NAME			3.2 NAME	Mary Ellen Rodgers	
STREET ADDRESS			3.3 STREET ADDRESS	5200 Maryland Way	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	Brentwood TN 37027	
TITLE		☐ DELETE	4.1 TITLE	VP	☐ Change ☒ Addition
NAME			4.2 NAME	Thomas Mills	
STREET ADDRESS			4.3 STREET ADDRESS	5200 Maryland Way	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Brentwood TN 37027	
TITLE		☐ DELETE	5.1 TITLE	VP	☐ Change ☒ Addition
NAME			5.2 NAME	Robert Fringer	
STREET ADDRESS			5.3 STREET ADDRESS	5200 Maryland Way	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Brentwood TN 37027	
TITLE		☐ DELETE	6.1 TITLE	VP	☐ Change ☒ Addition
NAME			6.2 NAME	Rita Hill	
STREET ADDRESS			6.3 STREET ADDRESS	5200 Maryland Way	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Brentwood TN 37027	

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: [signature] 5/19/97 615-221-8884

5-21-97