

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P03880 (2)

1. Corporation Name

CONVALESCENT SERVICES, INC.



Principal Place of Business

200 GALLERIA PARKWAY
SUITE 1800
ATLANTA GA 30339

Mailing Address

200 GALLERIA PARKWAY
SUITE 1800
ATLANTA GA 30339

2. Principal Place of Business

21 125 Eugene O'Neill Dr
Suite, Apt. #, etc.

22

City & State

23 New London CT

Zip

24 06320

Country

2a. Mailing Address

26 125 Eugene O'Neill Dr
Suite, Apt. #, etc.

27

City & State

28 New London CT

Zip

29 06320

Country

30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. 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 of the person making the change of office or agent, or both.

Signature of the person making the change of office or agent, or both.

DATE

12. OFFICERS AND DIRECTORS

TITLE	PTD	☒ DELETE
NAME	KELLETT, SAMUEL B.	
STREET ADDRESS	200 GALLERIA PARKWAY	
CITY-ST-ZIP	ATLANTA GA	
TITLE	SVD	☒ DELETE
NAME	KELLETT, STILES A J	
STREET ADDRESS	200 GALLERIA PARKWAY	
CITY-ST-ZIP	ATLANTA GA	
TITLE	VS	☒ DELETE
NAME	HILL, SCOTT, E	
STREET ADDRESS	200 GALLERIA PARKWAY	
CITY-ST-ZIP	ATLANTA GA	
TITLE	V	☒ DELETE
NAME	KENNEDY, DEBORAH D	
STREET ADDRESS	200 GALERIA PKWY 1800	
CITY-ST-ZIP	ATLANTA GA	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	☐ Change ☒ Addition
1.2 NAME	STRATTON, ARTHUR W, JR	
1.3 STREET ADDRESS	125 EUGENE O'NEILL DR	
1.4 CITY-ST-ZIP	NEW LONDON, CT 06320	
2.1 TITLE	DS	☐ Change ☒ Addition
2.2 NAME	STRATTON, NANCY L	
2.3 STREET ADDRESS	125 EUGENE O'NEILL DR	
2.4 CITY-ST-ZIP	NEW LONDON, CT 06320	
3.1 TITLE	V	☐ Change ☒ Addition
3.2 NAME	GALLAGHER, JENNIFER B	
3.3 STREET ADDRESS	125 EUGENE O'NEILL DR	
3.4 CITY-ST-ZIP	NEW LONDON, CT 06320	
4.1 TITLE	T	☐ Change ☒ Addition
4.2 NAME	KINELL, JEFFREY W.	
4.3 STREET ADDRESS	125 EUGENE O'NEILL DR	
4.4 CITY-ST-ZIP	NEW LONDON, CT 06320	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JEFFREY W. KINELL

4/15/96

860-701-2000

CR2E034 (12/95)