FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P22011** **(1)**

1. Corporation Name

LIFE CARE HOME HEALTH SERVICES CORPORATION

Principal Place of Business	Mailing Address
800 SECOND AVE. DES MOINES IA 50309	800 SECOND AVE. DES MOINES IA 50309

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
12/07/1988	04/21/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number **42-1323565** ☐ 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

7. 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
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 _____ DATE
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	11 TITLE	☐ Change ☐ Addition
NAME	THURSTON, STANLEY G.	12 NAME	
STREET ADDRESS	800 2ND AVE.	13 STREET ADDRESS	
CITY-ST-ZIP	DES MOINES IA	14 CITY-ST-ZIP	
TITLE	S	21 TITLE	☒ Change ☐ Addition
NAME	STRUTT, DAVID S.	22 NAME	SR VP/SECRETARY
STREET ADDRESS	800 2ND AVE.	23 STREET ADDRESS	HOOVER, STEVE
CITY-ST-ZIP	DES MOINES IA	24 CITY-ST-ZIP	800 SECOND AVE DES MOINES, IA 50309
TITLE	T	31 TITLE	☐ Change ☐ Addition
NAME	NEIS, ARTHUR V.	32 NAME	
STREET ADDRESS	800 2ND AVE.	33 STREET ADDRESS	
CITY-ST-ZIP	DES MOINES IA	34 CITY-ST-ZIP	
TITLE	S	41 TITLE	☐ Change ☐ Addition
NAME	WEHR, FRED W.	42 NAME	
STREET ADDRESS	800 2ND AVE. DELETE	43 STREET ADDRESS	
CITY-ST-ZIP	DES MOINES IA	44 CITY-ST-ZIP	
TITLE	V	51 TITLE	☐ Change ☐ Addition
NAME	KENNY, EDWARD R.	52 NAME	
STREET ADDRESS	800 SECOND AVENUE	53 STREET ADDRESS	
CITY-ST-ZIP	DES MOINES IA	54 CITY-ST-ZIP	
TITLE	V	61 TITLE	VP ☒ Change ☐ Addition
NAME	MARTIN, JOSEPH A.	62 NAME	HARRISON, MARY
STREET ADDRESS	800 SECOND AVENUE	63 STREET ADDRESS	800 SECOND AVE
CITY-ST-ZIP	DES MOINES IA	64 CITY-ST-ZIP	DES MOINES, IA 50309

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)(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: _____ ARTHUR V. NEIS 5/1/95 515-245-7626
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

038504 CP