

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P22011 (1)  
1. Corporation Name  
LIFE CARE HOME HEALTH SERVICES CORPORATION



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

Mailing Address  
800 SECOND AVE.  
DES MOINES IA 50309

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/07/1988		3a. Date of Last Report 05/01/1995	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 42-1323565		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. 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  
85 Zip Code  
FL

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's signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THURSTON, STANLEY G.	1.2 NAME	
STREET ADDRESS	800 2ND AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	DES MOINES IA	1.4 CITY-ST-ZIP	
TITLE	SVPS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOOVER, STEVE	2.2 NAME	
STREET ADDRESS	800 2ND AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	DES MOINES IA	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEIS, ARTHUR V.	3.2 NAME	
STREET ADDRESS	800 2ND AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	DES MOINES IA	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENNY, EDWARD R.	4.2 NAME	
STREET ADDRESS	800 SECOND AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	DES MOINES IA	4.4 CITY-ST-ZIP	
TITLE	VP	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRISON, MARY	5.2 NAME	
STREET ADDRESS	800 SECOND AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	DES MOINES IA	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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

4-25-96

515-245-7616

Date

Daytime Phone #

CR2E034 (12/95)