

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P22011**

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**

**FILED**  
**Jul 20, 1999 8:00 am**  
**Secretary of State**

07-20-1999 90023 048 \*\*\*550.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**12/07/1988**

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

8. This corporation owes the current year  
Intangible Personal Property. ☐ Yes ☐ 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

**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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	THURSTON, STANLEY G.	
STREET ADDRESS	800 SECOND AVE.	
CITY-ST-ZIP	DES MOINES IA 50309	
TITLE	SVPS	<input type="checkbox"/> DELETE
NAME	HOOVER, STEVE	
STREET ADDRESS	800 SECOND AVE.	
CITY-ST-ZIP	DES MOINES IA 50309	
TITLE	T	<input type="checkbox"/> DELETE
NAME	NEIS, ARTHUR V.	
STREET ADDRESS	800 SECOND AVE.	
CITY-ST-ZIP	DES MOINES IA 50309	
TITLE	V	<input type="checkbox"/> DELETE
NAME	KENNY, EDWARD R.	
STREET ADDRESS	800 SECOND AVE.	
CITY-ST-ZIP	DES MOINES IA 50309	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	HARRISON, MARY	
STREET ADDRESS	800 SECOND AVE.	
CITY-ST-ZIP	DES MOINES IA 50309	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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:

*Stanley G. Thurston*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/12/99

Date

Daytime Phone #

(515) 245-7665

CR2E034 (5/99)

0122072