

2002 UNIFORM BUSINESS REPORT (UBR)

0607273 AT

DOCUMENT # **P22011**

1. Entity 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

02 MAY -6 AM 11:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**400 Locust Street
Suite, Apt. #, etc.
Suite 820**

3. Mailing Address

**400 Locust Street
Suite, Apt. #, etc.
Suite 820**

City & State
Des Moines, Iowa

City & State
Des Moines, Iowa

4. FEI Number

42-1323565

Applied For

Not Applicable

Zip
50309-2334

Country
USA

Zip
50309-2334

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

900005554199--0

-05/16/02-DAT 01015--023

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **THURSTON, STANLEY G.**
STREET ADDRESS **800 SECOND AVE.**
CITY-ST-ZIP **DES MOINES IA 50309**

TITLE **VCFO** ☐ Delete
NAME **NEIS, ARTHUR V.**
STREET ADDRESS **800 SECOND AVE.**
CITY-ST-ZIP **DES MOINES IA 50309**

TITLE **S** ☐ Delete
NAME **KENNY, EDWARD R.**
STREET ADDRESS **800 SECOND AVE.**
CITY-ST-ZIP **DES MOINES IA 50309**

TITLE **VP** ☐ Delete
NAME **HARRISON, MARY**
STREET ADDRESS **800 NW 17 AVE**
CITY-ST-ZIP **DELRAY BEACH FL 33445**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **400 Locust Street, Suite 820**
CITY-ST-ZIP **Des Moines, IA 50309-2334**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **400 Locust Street, Suite 820**
CITY-ST-ZIP **Des Moines, IA 50309-2334**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **400 Locust Street, Suite 820**
CITY-ST-ZIP **Des Moines, IA 50309-2334**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **D**
STREET ADDRESS **Joseph M. Brucella**
CITY-ST-ZIP **50 Main Street**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **Centerbrook, CT 06409**
CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Robert R. Stoppel **Asst Sec'y** 4-25-02 (515) 875-4674

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)