

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90349 048 ***150.00

DOCUMENT # P22011

1. Entity Name

LIFE CARE HOME HEALTH SERVICES CORPORATION



Principal Place of Business

400 LOCUST STREET
STE 820
DES MOINES IA 50309-2334

Mailing Address

400 LOCUST STREET
STE 820
DES MOINES IA 50309-2334

24048053



MOORE CR2E034 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

42-1323565

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	THURSTON, STAN G	
STREET ADDRESS	400 LOCUST STREET, STE 820	
CITY-ST-ZIP	DES MOINES IA 50309-2334	
TITLE	VCFO	<input type="checkbox"/> Delete
NAME	NEIS, ARTHUR V	
STREET ADDRESS	400 LOCUST STREET, STE 820	
CITY-ST-ZIP	DES MOINES IA 50309-2334	
TITLE	S	<input type="checkbox"/> Delete
NAME	KENNY, EDWARD R	
STREET ADDRESS	400 LOCUST STREET, STE 820	
CITY-ST-ZIP	DES MOINES IA 50309-2334	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HARRISON, MARY	
STREET ADDRESS	800 NW 17 AVE	
CITY-ST-ZIP	DELRAY BEACH FL 33445	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRUCELLA, JOSEPH M	
STREET ADDRESS	50 MAIN STREET	
CITY-ST-ZIP	CENTERBROOK CT 06409	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Rebecca S. Stoll **Rebecca S. Stoll, Assistant Secretary** 4-13-04 (515) 875-4674

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #