

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P22011

FILED
Apr 24, 2009
Secretary of State

Entity Name: LIFE CARE HOME HEALTH SERVICES CORPORATION

Current Principal Place of Business:

400 LOCUST STREET
STE 820
DES MOINES, IA 503092334

New Principal Place of Business:

Current Mailing Address:

400 LOCUST STREET
STE 820
DES MOINES, IA 503092334

New Mailing Address:

FEI Number: 42-1323565

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KENNY, EDWARD R
Address: 400 LOCUST STREET, STE 820
City-St-Zip: DES MOINES, IA 503092334

Title: VT () Delete
Name: BRIDGEWATER, DIANE C
Address: 400 LOCUST STREET, STE 820
City-St-Zip: DES MOINES, IA 503092334

Title: SD () Delete
Name: NELSON, JOEL R
Address: 400 LOCUST STREET, STE 820
City-St-Zip: DES MOINES, IA 503092334

Title: VD () Delete
Name: HARRISON, MARY
Address: 800 NW 17 AVE
City-St-Zip: DELRAY BEACH, FL 33445

Title: D () Delete
Name: LARSON, KENT C
Address: 400 LOCUST STREET, STE 820
City-St-Zip: DES MOINES, IA 503092334

Title: AS () Delete
Name: STOLL, REBECCA S
Address: 400 LOCUST STREET, STE 820
City-St-Zip: DES MOINES, IA 503092334

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: EYER, JAMES
Address: 800 NW 17 AVE
City-St-Zip: DELRAY BEACH, FL 33445

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: REBECCA S. STOLL

AS

04/24/2009

Electronic Signature of Signing Officer or Director

Date