

FILED  
May 02, 2003 8:00 am  
Secretary of State

04-14-2003 90928 021 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

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



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

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

☐ CHECK HERE IF MAKING CHANGES

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, 2003: 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME THURSTON, STAN G  
STREET ADDRESS 400 LOCUST STREET, STE 820  
CITY-STATE-ZIP DES MOINES IA 50309-2334 ☐ Delete

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

TITLE VCFO  
NAME NEIS, ARTHUR V  
STREET ADDRESS 400 LOCUST STREET, STE 820  
CITY-STATE-ZIP DES MOINES IA 50309-2334 ☐ Delete

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

TITLE S  
NAME KENNY, EDWARD R  
STREET ADDRESS 400 LOCUST STREET, STE 820  
CITY-STATE-ZIP DES MOINES IA 50309-2334 ☐ Delete

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

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

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

TITLE D  
NAME BRUCELLA, JOSEPH M  
STREET ADDRESS 50 MAIN STREET  
CITY-STATE-ZIP CENTERBROOK CT 06409 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ Delete

TITLE Assistant Secretary  
NAME Rebecca S. Stoll  
STREET ADDRESS 400 Locust Street, Ste 820  
CITY-STATE-ZIP Des Moines, IA 50309 ☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 Assistant Secretary 4803 (515) 875-4674

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)