FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 1:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # P30097 (0)

1. Corporation Name
UNITED CONGREGATE CARE, INC.

Principal Place of Business	Mailing Address
5150 EAST PACIFIC COAST HIGHWAY SUITE 600 LONG BEACH CA 90804 US	5150 EAST PACIFIC COAST HIGHWAY SUITE 600 LONG BEACH CA 90804 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/05/1990
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business (21) / 2a. Mailing Address (26)
Suite Apt. # etc (22) / Suite Apt. #, etc (27)
City & State (23) / City & State (28)
Zip (24) County (25) / Zip (29) County (30)

4. FEI Number: 33-0369183 — 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

NIEHOFF, WILLIAM, ADMINSTRATOR
*COURTENAY SPRINGS VILLAGE
- 1100 SOUTH COURTENAY PARKWAY
MERRITT ISLAND FL 32952

10. Name and Address of New Registered Agent

81 Name: THE PRENTICE HALL CORPORATION SYSTEM, INC.
82 Street Address (P.O. Box Number is Not Acceptable): 1201 HAYES STREET, #105
83 TALLAHASSEE, FL 32301
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: Marcia A. Havney, Asst. Secy. 5/25/95
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when changing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	PT MARGETIC, STEPHEN J. 28611 VISTA LADERA LAGUNA NIGUEL CA	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	S LISTOE, LINDA 5150 E PACIFIC COAST HIGHWAY, #600 LONG BEACH CA	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	CD KING, DONALD W. 8880 CAL CENTER DR #320 SACRAMENTO CA	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D MASUDA, TOM S. 16412 S. WESTERN AVE. GARDENA CA	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D WHITTIER, MERRILL D. 5858 "J" PARKWAY SACRAMENTO CA	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D POTTER, CHRISTINA 5150 E PACIFIC COAST HIGHWAY, #600 LONG BEACH CA	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY ST ZIP	☐ Change ☐ Addition CH

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 added to the report with an address.

SIGNATURE: Linda Listoe, LINDA LISTOE 5/17/95 310/597-5541
SIGNATURE AND TYPED OR PRINTED NAME OF BUSINESS OFFICER OR DIRECTOR — Date — Daytime Phone Number

0401653 FN