FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P34716** **(1)**

1. Corporation Name

CONVALESCENT SUPPLY SERVICES, INC.

Principal Place of Business	Mailing Address
200 GALLERIA PARKWAY. SUITE 1800 ATLANTA GA 30339	200 GALLERIA PARKWAY. SUITE 1800 ATLANTA GA 30339

3. Date Incorporated or Qualified: **07/16/1991**

3a. Date of Last Report: **01/31/1995**

4. FEI Number: **58-1938584** ☐ 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

2. Principal Place of Business	2a. Mailing Address
21 125 Eugene O'Neill Dr.	26 125 Eugene O'Neill Dr
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 New London CT	City & State 28 New London CT
Zip 24 06320 Country 25	Zip 29 06320 Country 30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

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

83

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 _____ DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CVS	☒ DELETE	1.1 TITLE	DP	☐ Change ☒ Addition
NAME	KELLETT, STILES A., JR.		1.2 NAME	STRATTON, ARTHUR W. JR	
STREET ADDRESS	200 GALLERIA PKWY #1800		1.3 STREET ADDRESS	125 EUGENE O'NEILL DR	
CITY-ST-ZIP	ATLANTA GA		1.4 CITY-ST-ZIP	NEW LONDON, CT 06320	
TITLE	D	☒ DELETE	2.1 TITLE	DS	☐ Change ☒ Addition
NAME	KELLETT, STILES A., JR.		2.2 NAME	STRATTON, NANCY L	
STREET ADDRESS	200 GALLERIA PKWY #1800		2.3 STREET ADDRESS	125 EUGENE O'NEILL DR	
CITY-ST-ZIP	ATLANTA GA		2.4 CITY-ST-ZIP	NEW LONDON CT 06320	
TITLE	PTD	☒ DELETE	3.1 TITLE	T	☐ Change ☒ Addition
NAME	KELLETT, SAMUEL B.		3.2 NAME	KUNELL, JEFFREY W.	
STREET ADDRESS	200 GALLERIA PKWY #1800		3.3 STREET ADDRESS	125 EUGENE O'NEILL DR	
CITY-ST-ZIP	ATLANTA GA		3.4 CITY-ST-ZIP	NEW LONDON, CT 06320	
TITLE	ASV	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HILL, SCOTT E.		4.2 NAME		
STREET ADDRESS	200 GALLERIA PKWY #1800		4.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA		4.4 CITY-ST-ZIP		
TITLE	AS	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	KENNEDY, DEBORAH P.		5.2 NAME		
STREET ADDRESS	200 GALLERIA PKWY #1800		5.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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 on an attachment with an address.

SIGNATURE: J Kunell JEFFREY W. KUNELL 4/15/96 840-701-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #