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

FILED
Apr 01, 1996 08:00 A
Secretary of State

DOCUMENT # **P35493** **(6)**

1. Corporation Name

SERVICEMASTER DIVERSIFIED HEALTH SERVICES, INC.

Principal Place of Business

5050 POPLAR AVENUE, SUITE 1800
MEMPHIS TN 38157

Mailing Address

5050 POPLAR AVENUE, SUITE 1800
MEMPHIS TN 38157

3. Date Incorporated or Qualified: **09/16/1991**

3a. Date of Last Report: **01/27/1995**

4. FEI Number: **62-1416386** ☐ 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
21
22 Suite, Apt. #, etc.
23 City & State
24 Zip 25 County

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip 30 County

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 607.1505, 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. The 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	C	☐ DELETE	1 TITLE	☐ Change ☐ Addition
NAME	STAIR, CHARLES		2 NAME	
STREET ADDRESS	ONE SERVICE MASTER COMPANY		3 STREET ADDRESS	
CITY-ST-ZIP	DOWNERS GROVE IL		4 CITY ST ZIP	
TITLE	EVPS	☐ DELETE	5 TITLE	☐ Change ☐ Addition
NAME	FLYNN, MARK S		6 NAME	
STREET ADDRESS	5050 POPLAR AVE, #1800		7 STREET ADDRESS	
CITY-ST-ZIP	MEMPHIS TN		8 CITY ST ZIP	
TITLE	~~X~~ EVP	☐ DELETE	9 TITLE	☐ Change ☐ Addition
NAME	ULLERY, JUDY		10 NAME	
STREET ADDRESS	5050 POPLAR AVE #1800		11 STREET ADDRESS	
CITY-ST-ZIP	MEMPHIS TN		12 CITY ST ZIP	
TITLE	P	☐ DELETE	13 TITLE	☐ Change ☐ Addition
NAME	MARTIN, STEVE		14 NAME	
STREET ADDRESS	5050 POPLAR AVE, #1800		15 STREET ADDRESS	
CITY-ST-ZIP	MEMPHIS TN		16 CITY ST ZIP	
TITLE	EVP	☐ DELETE	17 TITLE	☐ Change ☐ Addition
NAME	HOEFLER, DEBBIE		18 NAME	
STREET ADDRESS	5050 POPLAR AVE #1800		19 STREET ADDRESS	
CITY-ST-ZIP	MEMPHIS TN		20 CITY ST ZIP	
TITLE	SVP	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	RANDOLPH, JILL		22 NAME	
STREET ADDRESS	5050 POPLAR AVE #1800		23 STREET ADDRESS	
CITY-ST-ZIP	MEMPHIS TN		24 CITY ST ZIP	

CR2E034 (12/95)

14. I do 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 12 or Block 13 if changed or added above with an address.

SIGNATURE: Mark S. Flynn, Secretary 3/18/96 (901) 767-2220

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