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Apr 04 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P35493 (6)</b> 1. Corporation Name: <b>SERVICEMASTER DIVERSIFIED HEALTH SERVICES, INC.</b>			
Principal Place of Business: <b>5050 POPLAR AVENUE, SUITE 1800 MEMPHIS TN 38157</b>		Mailing Address: <b>5050 POPLAR AVENUE, SUITE 1800 MEMPHIS TN 38157-0101</b>	
2. Principal Place of Business: 21 State, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
9. Name and Address of Current Registered Agent: <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>		10. Name and Address of New Registered Agent: 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____			
12. OFFICERS AND DIRECTORS 1.1 TITLE: <b>C</b> <input checked="" type="checkbox"/> DELETE 1.2 NAME: <b>STAIR, CHARLES</b> 1.3 STREET ADDRESS: <b>ONE SERVICE MASTER COMPANY</b> 1.4 CITY-ST-ZIP: <b>DOWNERS GROVE IL</b> 2.1 TITLE: <b>EVPS</b> <input type="checkbox"/> DELETE 2.2 NAME: <b>FLYNN, MARK S</b> 2.3 STREET ADDRESS: <b>5050 POPLAR AVE, #1800</b> 2.4 CITY-ST-ZIP: <b>MEMPHIS TN</b> 3.1 TITLE: <b>EVP</b> <input type="checkbox"/> DELETE 3.2 NAME: <b>ULLERY, JUDY</b> 3.3 STREET ADDRESS: <b>5050 POPLAR AVE #1800</b> 3.4 CITY-ST-ZIP: <b>MEMPHIS TN</b> 4.1 TITLE: <b>P</b> <input type="checkbox"/> DELETE 4.2 NAME: <b>MARTIN, STEVE</b> 4.3 STREET ADDRESS: <b>5050 POPLAR AVE, #1800</b> 4.4 CITY-ST-ZIP: <b>MEMPHIS TN</b> 5.1 TITLE: <b>EVP</b> <input type="checkbox"/> DELETE 5.2 NAME: <b>HOEFLE, DEBBIE</b> 5.3 STREET ADDRESS: <b>5050 POPLAR AVE #1800</b> 5.4 CITY-ST-ZIP: <b>MEMPHIS TN</b> 6.1 TITLE: <b>SVP</b> <input type="checkbox"/> DELETE 6.2 NAME: <b>RANDOLPH, JILL</b> 6.3 STREET ADDRESS: <b>5050 POPLAR AVE #1800</b> 6.4 CITY-ST-ZIP: <b>MEMPHIS TN</b>			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE: <b>Treasurer</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME: <b>Charles Stumph</b> 1.3 STREET ADDRESS: <b>5050 Poplar Ave., #1800</b> 1.4 CITY-ST-ZIP: <b>Memphis, TN 38157</b> 2.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.4 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.4 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.4 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.4 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.4 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition			
14. I 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 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:  <b>Mark S. Flynn</b> 3/17/97 (901) 767-2220 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			

CR2E034 (9/96)