

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Jan 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P35493** (6)
1. Corporation Name
SERVICEMASTER DIVERSIFIED HEALTH SERVICES, INC.



Principal Place of Business 5050 POPLAR AVENUE SUITE 1800 MEMPHIS TN 38157 3839 Forest Hill Irene Rd. Memphis, TN 38125	Mailing Address 3030 POPLAR AVENUE SUITE 1800 MEMPHIS TN 38157 3839
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3839 Forest Hill Irene Rd		2a. Mailing Address 3839 Forest Hill Irene Rd.		3. Date Incorporated or Qualified 09/16/1991	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 62-1416386	
22 City & State Memphis, TN		27 City & State Memphis, TN		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip 38125		28 Zip 38125		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Country USA		29 Country USA		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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	
				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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STUMPH, CHARLES 5050 POPLAR AVE, #1800 MEMPHIS TN <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	CFO John Reed 3839 Forest Hill Irene Rd. Memphis, TN 38125 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPS FLYNN, MARK S 5050 POPLAR AVE, #1800 MEMPHIS TN <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	Secretary Suzanna Baker 3839 Forest Hill Irene Rd. Memphis, TN 38125 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP ULLERY, JUDY 5050 POPLAR AVE #1800 MEMPHIS TN <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/> 3839 Forest Hill Irene Rd. Memphis, TN 38125
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARTIN, STEVE 5050 POPLAR AVE, #1800 MEMPHIS TN <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/> 3839 Forest Hill Irene Rd. Memphis, TN 38125
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP HOEFLER, DEBBIE 5050 POPLAR AVE #1800 MEMPHIS TN <input checked="" type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP RANDOLPH, JILL 5050 POPLAR AVE #1800 MEMPHIS TN <input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/> 3839 Forest Hill Irene Rd. Memphis, TN 38125

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: _____

CR2E034 (10/97)