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Feb 17, 1999 8:00am  
Secretary of State

02-17-1999 90037 011 \*\*\*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P35493

1. Corporation Name

SERVICEMASTER DIVERSIFIED HEALTH SERVICES, INC.

Principal Place of Business

3839 FOREST HILL IRENE RD  
MEMPHIS TN 38125  
US

Mailing Address

3839 FOREST HILL IRENE RD  
MEMPHIS TN 38125  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/16/1991

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

12. TITLE ☐ DELETE

NAME REED, JOHN  
STREET ADDRESS 3839 FOREST HILL IRENE RE  
CITY-ST-ZIP MEMPHIS TN 38125

TITLE ☐ DELETE

NAME S  
BAKER, SUZANNA  
STREET ADDRESS 3839 FOREST HILL IRENE RD  
CITY-ST-ZIP MEMPHIS TN 38125

TITLE ☐ DELETE

NAME EV  
ULLERY, JUDY  
STREET ADDRESS 3839 FOREST HILL IRENE RD  
CITY-ST-ZIP MEMPHIS TN 38125

TITLE ☐ DELETE

NAME P  
MARTIN, STEVE  
STREET ADDRESS 3839 FOREST HILL IRENE RD  
CITY-ST-ZIP MEMPHIS TN 38125

TITLE ☐ DELETE

NAME SVP  
RANDOLPH, JILL  
STREET ADDRESS 3839 FOREST HILL IRENE RD  
CITY-ST-ZIP MEMPHIS TN 38125

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE: *Suzanna Baker* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date 1/11/99 Daytime Phone # (901) 624-1600

CR2E034 (1/1/98)