

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

95 MAY - 1 AM 10: 27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P40650**

1. Corporation Name

**Future HealthCare, Inc.**

Principal Place of Business Mailing Address  
**201 East Fourth St.; 19th flr.  
Cincinnati, OH 45202**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **9/16/92** 3a. Date of Last Report **1994**

4. FEI Number **31-1150974** Applied For  Not Applicable

5. Certificate of Status Deared  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business	2a. Mailing Address
21 same	26 same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Zip
24	29
Country	Country
25	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CSC - Prentice Hall  
110 North Magnolia Street  
Tallahassee, FL 32301**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83	
84 City	

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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY ST ZIP
	see attachment		
TITLE	NAME	STREET ADDRESS	CITY ST ZIP
TITLE	NAME	STREET ADDRESS	CITY ST ZIP
TITLE	NAME	STREET ADDRESS	CITY ST ZIP
TITLE	NAME	STREET ADDRESS	CITY ST ZIP
TITLE	NAME	STREET ADDRESS	CITY ST ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY ST ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
21 TITLE	22 NAME	23 STREET ADDRESS	24 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE	32 NAME	33 STREET ADDRESS	34 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE	42 NAME	43 STREET ADDRESS	44 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE	52 NAME	53 STREET ADDRESS	54 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE	62 NAME	63 STREET ADDRESS	64 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**300001485113**  
**-05/12/95--01015--024**  
**\*\*\*\*200.00 \*\*\*\*200.00**

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)(k), 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:

*Keith A. Cheesman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Keith A. Cheesman; VP-CFO**

**4/28/95**  
DATE  
**513-651-2525**  
TELEPHONE NUMBER

12. Officers and Directors

John D. Peckskamp, Jr.  
CEO/Chairman of the Board; Director  
Future HealthCare, Inc.  
201 E. Fourth Street; 19th fl.  
Cincinnati, OH 45202

Donna J. Myers  
President/Secretary; Director  
Future HealthCare, Inc.  
201 E. Fourth Street; 19th fl.  
Cincinnati, OH 45202

Keith A. Cheesman  
Vice President, Chief Financial Officer  
Future HealthCare, Inc.  
201 E. Fourth Street; 19th fl.  
Cincinnati, OH 45202

Bruce V. Mavec, Director  
Future HealthCare, Inc.  
201 E. Fourth Street; 19th fl.  
Cincinnati, OH 45202

Jerrold H. Levin, MD; Director  
Future HealthCare, Inc.  
201 E. Fourth Street; 19th fl.  
Cincinnati, OH 45202

Ralph T. King; Director  
Future HealthCare, Inc.  
201 E. Fourth Street; 19th fl.  
Cincinnati, OH 45202

Dennis P. Wilburn; Director  
Future HealthCare, Inc.  
201 E. Fourth Street; 19th fl.  
Cincinnati, OH 45202

William J. Jusko; Director  
Future HealthCare, Inc.  
201 E. Fourth Street; 19th fl.  
Cincinnati, OH 45202