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FILED
Jun 19 1997 8:00am
Secretary of State

CORPORATION ANNUAL REPORT 1997

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

DOCUMENT # P95000097913

1. Corporation Name
ELDERCARE OF JACKSONVILLE, INC.

Principal Place of Business / Mailing Address
4190 BELFORT RD. SUITE 200
JACKSONVILLE, FL. 32216

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/21/95
3a. Date of Last Report:

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip / Country
24 / 25

2a. Mailing Address
28 4190 Belford Rd Suite 200
Suite, Apt. #, etc.
27
City & State
29 Jacksonville, Fl 32216
Zip / Country
29 32216 / 30 USA

4. FEI Number: 59-3359124 — 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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent
91 Name: Steven F. Roth
92 Street Address (P.O. Box Number is Not Acceptable)
93 114 33rd Ave. So.
94 Jacksonville Beach FL 95 Zip Code 32250

11. Pursuant to the provisions of Sections 607.0502 and 607.1008, 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: STEVEN F. ROTH 4-29-97
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 | Chairman, CEO | 1.1 TITLE | ☐ Change ☐ Addition |
| NAME | A. Tipton Swisher | 1.2 NAME | |
| STREET ADDRESS | 9163 KINGS COLONY ROAD | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | JACKSONVILLE, FL 32257 | 1.4 CITY-ST-ZIP | |
| TITLE | CFO, Treasurer, SECRETARYM V.CHAIR | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | STEVEN F. ROTH | 2.2 NAME | |
| STREET ADDRESS | 114 33RD AVE. SO. | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | ~~JACKSONVILLE BCH, FL 32250~~ | 2.4 CITY-ST-ZIP | |
| TITLE | PRESIDENT, DIR. OF RESIDENT SERV. | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | NANCY PARKER CORWIN | 3.2 NAME | |
| STREET ADDRESS | 10016 NO. LEISURE LANE | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | JACKSONVILLE, FL 32256 | 3.4 CITY-ST-ZIP | |
| TITLE | EVP, COO | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | RICHARD E. PARRISH | 4.2 NAME | |
| STREET ADDRESS | 109 MEETING WAY | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | PONTE VEDRA BCH, FL 32082 | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

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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)(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: 04/28/97 (904)279-9112
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #