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

**PROFIT CORPORATION ANNUAL REPORT** 

1998

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(1)

Mailing Address

PREFERRED HOME HEALTH, INC.

**FILED** May 13 1998 8:00am Secretary of State



**************************************		STE 400			
<del>Vichim va 22(82-</del> Us		VIENNA VA 22182		DO NOT WRITE IN THIS SPACE	
US		U\$		3. Date Incorporated or Qualified	
2 Principal P	lace of Business	2a, Mailing Address		<b>08/16/1991 4.</b> FEI Number	A P1 F
	Eye Street, NW	26 1225 Eye	Street NIVI		Applied For
Suite, Apt.		Suite, Apt #, etc.	Sireci ji did	65-0307232	Not Applicable
22 Suit	C300	27 Suite 200	)	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	hington, DC	City & State  Washingto	on.DC	6. Election Campaign Financing Trust Fund Contribution	\$5.00 Mey Be Added to Fees
Zip 24 <b>Z</b> OO	Country  25 LSA	ZIP 2005	Country 30 USA	<ol> <li>This corporation owes or has paid the Personal Property Tax due June 30.</li> </ol>	ne currept year Intangible
	9. Name and Address of Current R	egistered Agent		10. Name and Address of New Regist	ered Agent
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 81 Name					
1004 HAVE STREET				ess (P.O. Box Number is Not Acceptable)	
TALLAHASSEE FL 32301			ess (r.o. Box Number is Not Acceptable)		
B3					
			84 City		<b>85</b> Zip Code
11 Pursuant	to the provisions of Sections 607.05.02 a	nd 607 1508 Florida Statutos	the above named corn	oration submits this statement for the purpo	FL 189 Zip Code
office or r agent. I a	egistered agent, or both, in the State of mamiliar with and accept the obligation	Florida. Such change was au us of, Section 607.0505, Flor	ithorized by the corporation of partition in the statutes.	ion's board of directors. I hereby accept the	e appointment as registered
SIGNATURE	Signature type for printed name of regulariest agent as	elitte d'appacable (NCIL	Registered Agent signature require	ed when reinstating) D	ATE
12.	OFFICERS AND L		13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	DC	DELETE	1.1 TOLE		Change Addition
NAME	HELLER, RODERICK J III		1.2 NAME		ا
STREET ADDRESS	8065 LEESBURG PIKE		1.3 STREET ADDRESS	see attach	<b>€</b> 0 ∣
CITY-ST-ZIP	VIENNA VA		1.4 CITY-ST-ZIP		
TITLE	<b>DP</b>	DELETE	2.1 TIFLE		Change Addition
NAME	SULLIVAN, WILLIAM R		2.2 NAME		
STREET ADDRESS	8065 LEESBURG PIKE		2.3 STREET ADDRESS		
CITY-\$T-ZIP	VIENNA VA	J	2 4 CITY-S1-ZIP		
TITLE	<b>SVPT</b>	DELETE	31 TITLE		Change M Addition
NAME	GRANT, ANN TORRE	•	3.2 NAME		_ , _
STREET ADDRESS	8085 LEESBURG PIKE		3.3 STREET ADDRESS	· ·	
CITY-ST-ZIP	VIENNA VA		3 4. CITY-ST-ZIP	1	
TITLE	<b>S</b> VPS	DELETE	41 TITLE		Change Addition
NAME	BONDER, JOEL F	-	4. 2 NAME	1	
STREET ADDRESS	8065 LEESBURG PIKE		4.3 STREET ADDRESS	<b>\</b>	
CITY-ST-ZIP	VIENNA VA		± 4.4 CITY - ST - ZIP	1	,
TITLE	V	DELETE	5.1 TITLE		Change Addition
NAME	WASHINGTON, ADRIAN	, <u>-</u>	5.2 NAME		
STREET ADDRESS	8065 LEESBURG PIKE		5.3 STREET ADDRESS		
CITY-ST-ZIP	VIENNA VA	1	5.4 CITY - S1 - ZIP	300002525	463
TITLE	ĀS	DELETE	6.1 TITLE	300002525 -05/1 <del>\$</del> /9801057-	-138 Change Addition
NAME	BANKS, MILDRED C		6.2 NAME	***1567.00	Susaille Transition
STREET ADDRESS	8065 LEESBURG PIKE		6.3 STREET ADDRESS	· · -	N ()
CITY-ST-ZIP	VIENNA VA				1 2/
14. I hereby o	ertify that the information supplied with t	his filing does not qualify for	6.4 CITY-S1-ZIP the exemption stated in 5	Section 119.07(3)(i). Florida Statutes Utueth	per certify that the information
14. Thereby 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 of 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.					

## PREFERRED HOME HEALTH, INC. Officers/Directors

## **Directors**

Name: Terry Considine, Chairman

Business Address: 1873 South Bellaire St., 17th Floor, Denver, CO 80222

Name: Peter K. Kompaniez, Vice Chairman

Business Address: 28200 Highway 189, Building F Suite 240, Lake Arrowhead, CA 92352

## **Officers**

Name: Peter K. Kompaniez

Title: President and Chief Executive Officer

Business Address: 28200 Highway 189, Building F Suite 240, Lake Arrowhead, CA 92352

Name: Thomas W. Toomey

Title: Executive Vice President - Finance and Administration

Business Address: 1873 South Bellaire St., 17th Floor, Denver, CO 80222

Name: Joel F. Bonder

Title: Executive Vice President, General Counsel and Secretary

Business Address: 1225 Eye St., N.W., Suite 200, Washington, D.C. 20005

Name: Jack W. Marquardt

Title: Senior Vice President-Accounting

Business Address: 9200 Keystone Crossing, Suite 500, Indianapolis, IN 46240

Name: Patricia K. Heath

Title: Vice President, Chief Accounting Officer, Assistant Secretary and Assistant Treasurer

Business Address: 1873 South Bellaire St., 17th Floor, Denver, CO 80222

Name: Carla Stoner

Title: Vice President - Finance and Administration

Business Address: 1873 South Bellaire St., 17th Floor, Denver, CO 80222

Name: James Wallace Title: Vice President -Tax

Business Address: 1873 South Bellaire St., 17th Floor, Denver, CO 80222

Name: Delores Huston Title: Assistant Secretary

Business Address: 1225 Eye St., N.W., Suite 200, Washington, DC 20005