


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2005 8:00 am**  
**Secretary of State**

04-26-2005 90153 019 \*\*\*158.75

**DOCUMENT # 434649**  
 1. Entity Name  
**SERVICE AMERICA NETWORK, INC.**



Principal Place of Business  
 1080 N.W. FIRST AVE.  
 BOCA RATON, FL 33432

Mailing Address  
 2600 CHEMED CENTER  
 255 E. 5TH ST.  
 CINCINNATI, OH 45202

**40067182**



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04182005 Chg-P CR2E034 (10/03)

4. FEI Number <b>59-1486390</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

CT CORPORATION SYSTEM  
 1200 S. PINE ISLAND ROAD  
 PLANTATION, FL 33324

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

**8.** The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUTTON, EDWARD L 6680 MIRALAKE DRIVE CINCINNATI, OH 45243 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition See attached for complete list.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCNAMARA, KEVIN J 2900 GRANDIN RD CINCINATI, OH 45208 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>XS</del> DALLOB, NAOMI C 1060 BARRY LANE CINCINNATI, OH 45219 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MOUNT, JOHN M 515 NW 12TH AVE. DEERFIELD BEACH, FL 33442 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFO PSINAKIS, VIVIAN M 515 NW 12TH AVE. DEERFIELD BEACH, FL 33442 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HEANEY, CHRISTOPHER J. 1080 NW 1ST AVE. BOCA RATON, FL 33342 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**12.** 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Naomi C. Dallob**  
 SECRETARY **Secretary** **4/21/2005**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**ATTACHMENT**  
**SERVICE AMERICA NETWORK, INC.**

40067182  
# 434649

OFFICERS

Vice Chairman  
President & Chief Executive Officer  
Sr. Vice President, CFO & Treasurer  
Sr. Vice President  
Sr. Vice President  
Secretary

Edward L. Hutton  
John M. Mount  
Vivian M. Psinakis  
Christopher J. Heaney  
Gary Thompson  
Naomi C. Dallob

DIRECTORS

Edward L. Hutton  
Kevin J. McNamara  
John M. Mount

**ATTACHMENT**  
**SERVICE AMERICA NETWORK, INC.**

40067182  
# 434649

<b>TITLE</b> <b>NAME</b> <b><u>SOCIAL SECURITY NO.</u></b>	<b><u>HOME ADDRESS</u></b>	<b><u>BUSINESS ADDRESS</u></b>
<b>Vice Chairman &amp; Director</b> Edward L. Hutton	6680 Miralake Drive Cincinnati, Ohio 45243	Chemed Corporation 2600 Chemed Center 255 East 5 <sup>th</sup> Street Cincinnati, Ohio 45202
<b>President, Chief Executive Officer &amp; Director</b> John M. Mount	6685 Miralake Drive Cincinnati, Ohio 45243	515 N.W. 12 <sup>th</sup> Avenue Deerfield Beach, Florida 33442
<b>Sr. Vice President &amp; Chief Financial Officer</b> Vivian M. Psinakis		515 N.W. 12 <sup>th</sup> Avenue Deerfield Beach, Florida 33442
<b>Sr. Vice President</b> Christopher J. Heaney	201 Venetian Dr. Delray Beach, FL 33483	1080 N. W. 1 <sup>st</sup> Avenue Boca Raton, Florida 33342
<b>Sr. Vice President</b> Gary Thompson		3081 McNab Road Pompano Beach, Florida 33069
<b>Secretary</b> Naomi C. Dallob	1060 Barry Lane Cincinnati, Ohio 45202	Chemed Corporation 2600 Chemed Center 255 East 5 <sup>th</sup> Street Cincinnati, Ohio 4520
<b>Director</b> Kevin J. McNamara	949 Edwards Road Cincinnati, Ohio 45208	Chemed Corporation 2600 Chemed Center 255 East 5 <sup>th</sup> Street Cincinnati, Ohio 45202