

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**Apr 08 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F93000000387 (1)
 1. Corporation Name
LANCIA NURSING HOMES, INC.



Principal Place of Business 575 LOVERS LANE STEUBENVILLE OH 43952	Mailing Address 575 LOVERS LANE STEUBENVILLE OH 43952-3311
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 01/25/1993	3a. Date of Last Report 02/08/1996
Suite, Apt #, etc. 22	Suite, Apt #, etc. 27	4. FEI Number 34-1192008	Applied For Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent LANCIA, JOSEPH 5527 ASHPON CT. BOCA RATON FL 33486-8663		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE VCVD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LANCIA, CATHERINE		1.2 NAME	
STREET ADDRESS 557 LOVERS LANE, APT. 1		1.3 STREET ADDRESS	
CITY-ST-ZIP STEUBENVILLE OH 43952		1.4 CITY-ST-ZIP	
TITLE PS	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LANCIA, JOSEPH A		2.2 NAME	
STREET ADDRESS 145 HIDDENWOOD DR.		2.3 STREET ADDRESS	
CITY-ST-ZIP STEUBENVILLE OH		2.4 CITY-ST-ZIP	
TITLE TD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BOLGER, JAMES J		3.2 NAME	
STREET ADDRESS 149 HIDDENWOOD DR.		3.3 STREET ADDRESS	
CITY-ST-ZIP STEUBENVILLE OH 43952		3.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LANCIA, LINDA		4.2 NAME	
STREET ADDRESS 145 HIDDENWOOD DR.		4.3 STREET ADDRESS	
CITY-ST-ZIP STEUBENVILLE OH 43952		4.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BOLGER, RENA		5.2 NAME	
STREET ADDRESS 149 HIDDENWOOD DR.		5.3 STREET ADDRESS	
CITY-ST-ZIP STEUBENVILLE OH 43952		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: *[Signature]* **James J Bolger 3-31-97 614-266-6118**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)