

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

FILED
Apr 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F97000004995 (3)**

1. Corporation Name

MANORCARE HEALTH SERVICES OF BOYNTON BEACH, INC.

Principal Place of Business

**11555 DARNESTOWN RD.
GAITHERSBURG MD 20878**

Mailing Address

**11555 DARNESTOWN RD.
GAITHERSBURG MD 20878**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/24/1997	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 52-2075100		<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525				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

Signature, typed or printed name of registered agent and the if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	C	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BAINUM, STEWART JR.		1.2 NAME		
STREET ADDRESS	11555 DARNESTOWN RD.		1.3 STREET ADDRESS		
CITY-ST-ZIP	GAITHERSBURG MD 20878		1.4 CITY-ST-ZIP		
TITLE	DVS	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	REMPE, JAMES H		2.2 NAME		
STREET ADDRESS	11555 DARNESTOWN RD.		2.3 STREET ADDRESS		
CITY-ST-ZIP	GAITHERSBURG MD 20878		2.4 CITY-ST-ZIP		
TITLE	DT	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COMAS, LEIGH C		3.2 NAME		
STREET ADDRESS	11555 DARNESTOWN RD.		3.3 STREET ADDRESS		
CITY-ST-ZIP	GAITHERSBURG MD 20878		3.4 CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TOMASSO, DONALD C		4.2 NAME		
STREET ADDRESS	11555 DARNESTOWN RD.		4.3 STREET ADDRESS		
CITY-ST-ZIP	GAITHERSBURG MD 20878		4.4 CITY-ST-ZIP		
TITLE	VAS	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PHILLIPS, LEO H JR.		5.2 NAME		
STREET ADDRESS	11555 DARNESTOWN RD.		5.3 STREET ADDRESS		
CITY-ST-ZIP	GAITHERSBURG MD 20878		5.4 CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHOENDORFER, MARGARITA		6.2 NAME		
STREET ADDRESS	11555 DARNESTOWN RD.		6.3 STREET ADDRESS		
CITY-ST-ZIP	GAITHERSBURG MD 20878		6.4 CITY-ST-ZIP		

14. 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 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]

DARRELL CARLISIE
VP Finance

4/19/98

30 979 4444

CR2E034 (10/97)