

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **701000053777**
 1. Entity Name
 OHI Sunshine, Inc.

FILED
 02 AUG 20 PM 2:57
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

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 -09/11/02--01059--020
 *****558.75 *****558.75
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2. Principal Place of Business 9690 Deereco Road		3. Mailing Address 9690 Deereco Road	
Suite, Apt. #, etc. 100		Suite, Apt. #, etc. 100	
City & State Timonium, Maryland		City & State Timonium, Maryland	
Zip 21093	Country USA	Zip 21093	Country USA

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

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7. Name and Address of Current Registered Agent

Name Corporation Service Company
Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street
City Tallahassee
FL Zip Code 32301

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.

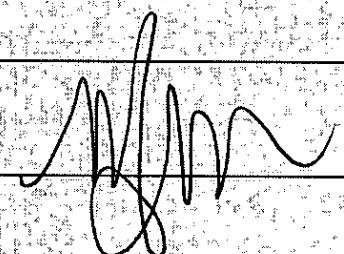
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/CEO C. Taylor Pickett 9690 Deereco Road, Suite 100 Timonium, Maryland 21093
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO/Treasurer/Director Robert O. Stephenson 9690 Deereco Road, Suite 100 Timonium, Maryland 21093
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO/Secretary Daniel J. Booth 9690 Deereco Road, Suite 100 Timonium, Maryland 21093
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:  **8/14/02** 410/427-1700
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #