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May 15 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 681849 (6)
1. Corporation Name
AMERICANA HEALTHCARE CORPORATION OF NAPLES

Principal Place of Business
10750 COLUMBIA PIKE
SIVLER SPRING MD 20901

Mailing Address
10750 COLUMBIA PIKE
SIVLER SPRING MD 20901-4427



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

11555 DARNESTOWN RD.
GAITHERSBURG, MD 20878-3200

23 Zip Country

29 Zip Country

3. Date Incorporated or Qualified
08/12/1980

3a. Date of Last Report
05/01/1996

4. FEI Number
37-1087694

Applied For
Not Applicable

6. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

UNITED STATES CORPORATION COMPANY
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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 title, if applicable.

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CCEO ☐ DELETE
NAME BAINUM JR., STEWART
STREET ADDRESS 10750 COLUMBIA PIKE
CITY-ST-ZIP SILVER SPRG, MD 00000

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

TITLE VC ☐ DELETE
NAME BAINUM SR., STEWART
STREET ADDRESS 10750 COLUMBIA PIKE
CITY-ST-ZIP SILVER SPRG, MD 00000

TITLE CCEO ☐ DELETE
NAME BAINUM, STEWART JR
STREET ADDRESS 10750 COLUMBIA PIKE
CITY-ST-ZIP SILVER SPRG, MD 00000

TITLE VPGS ☐ DELETE
NAME REMPE, JAMES H.
STREET ADDRESS 10750 COLUMBIA PIKE
CITY-ST-ZIP SILVER SPRG, MD 00000

TITLE VPFT ☐ DELETE
NAME MAGGUTCHEON, JAMES A.
STREET ADDRESS 10750 COLUMBIA PIKE
CITY-ST-ZIP SILVER SPRG, MD 00000

TITLE AT ☒ DELETE
NAME HICKEY, GERALD
STREET ADDRESS 10750 COLUMBIA PIKE
CITY-ST-ZIP SILVER SPRG, MD 00000

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:

Jeff C. Comas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0497724

CR2E034 (9/96)