FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 APR 19 PM 11:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 856917 (0)

1. Corporation Name
SAGA HEALTH CARE DIETARY MANAGEMENT SERVICES, INC.

Principal Place of Business	Mailing Address
10400 FERNWOOD RD DEPT 824.13 BETHESDA MD 20058 US	10400 FERNWOOD RD DEPT 824.13 BETHESDA MD 20058 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/27/1983
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: 94-2218686 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

PRENTICE-HALL CORPORATION SYSTEM, INC.
110 NORTH MAGNOLIA STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name: THE PRENTICE-HALL CORPORATION SYSTEM, INC.
82 Street Address (P.O. Box Number is Not Acceptable): 1201 HAYS STREET
83: SUITE 105
84 City: TALLAHASSEE FL 85 Zip Code: 32301

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE		☐ Change ☐ Addition
NAME	O'DELL, CHARLES D	1.2 NAME		
STREET ADDRESS	10400 FERNWOOD RD.	1.3 STREET ADDRESS		
CITY-ST-ZIP	BETHESDA MD	1.4 CITY-ST-ZIP		
TITLE	T	2.1 TITLE		☐ Change ☐ Addition
NAME	MURPHY, RAYMOND G	2.2 NAME		
STREET ADDRESS	10400 FERNWOOD RD	2.3 STREET ADDRESS		
CITY-ST-ZIP	BETHESDA MD	2.4 CITY-ST-ZIP		
TITLE	VD	3.1 TITLE	VD	☒ Change ☐ Addition
NAME	WEST, STEPHEN A	3.2 NAME	JOSEPH RYAN	
STREET ADDRESS	10400 FERNWOOD RD	3.3. STREET ADDRESS	10400 FERNWOOD ROAD	
CITY-ST-ZIP	BETHESDA MD	3.4 CITY-ST-ZIP	BETHESDA, MD 20817	
TITLE	S	4.1 TITLE		☐ Change ☐ Addition
NAME	MCGLOCKTON, JOAN RECTOR	4.2 NAME		
STREET ADDRESS	10400 FERNWOOD RD.	4.3 STREET ADDRESS		
CITY-ST-ZIP	BETHESDA MD	4.4 CITY-ST-ZIP		
TITLE	VD	5.1 TITLE	D	☒ Change ☐ Addition
NAME	SHAW, WILLIAM J	5.2 NAME	WILLIAM J. SHAW	
STREET ADDRESS	7812 RIVER FALLS DR	5.3 STREET ADDRESS	10400 FERNWOOD ROAD	
CITY-ST-ZIP	POTOMAC MD	5.4 CITY-ST-ZIP	BETHESDA, MD 20817	
TITLE	AS	6.1 TITLE		☐ Change ☐ Addition
NAME	BENZ, NANCY L.	6.2 NAME		
STREET ADDRESS	10400 FERNWOOD RD.	6.3 STREET ADDRESS		
CITY-ST-ZIP	BETHESDA MD	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Nancy L. Benz Nancy L. Benz 4-12-95 301-380-3000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000A00 OP