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May 06 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 # 856917 (0)
1. Corporation Name
SAGA HEALTH CARE DIETARY MANAGEMENT SERVICES, IN
C.

Principal Place of Business
10400 FERNWOOD RD
DEPT 024.13
BETHESDA MD 20850
US

Mailing Address
10400 FERNWOOD RD
DEPT 024.13
BETHESDA MD 20817-1100
US

3. Date Incorporated or Qualified
05/29/1963

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

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 20817
25 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country
30

4. FEI Number
94-2218686

5. 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
PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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	P	1.1 TITLE	
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	20817
TITLE	T	2.1 TITLE	
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	20817
TITLE	VD	3.1 TITLE	
NAME	RYAN, JOSEPH	3.2 NAME	
STREET ADDRESS	10400 FERNWOOD RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	BETHESDA MD	3.4 CITY-ST-ZIP	20817
TITLE	S	4.1 TITLE	
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	20817
TITLE	VD	5.1 TITLE	
NAME	SHAW, WILLIAM J	5.2 NAME	
STREET ADDRESS	10400 FERNWOOD ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	BETHESDA FL	5.4 CITY-ST-ZIP	20817
TITLE	AS	6.1 TITLE	
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	20817

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: _____ DATE: APR 23 1997 DAYTIME PHONE: (301) 380-1233