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FILED
Feb 11 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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 924.13
BETHESDA MD 20817
US

Mailing Address
10400 FERNWOOD RD
DEPT 924.13
BETHESDA MD 20058
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

06/27/1983

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

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ 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

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 then applicable

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

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
P
O'DELL, CHARLES D
STREET ADDRESS
10400 FERNWOOD RD.
CITY- ST- ZIP
BETHESDA MD

TITLE ☐ DELETE

NAME
T
MURPHY, RAYMOND G
STREET ADDRESS
10400 FERNWOOD RD
CITY- ST- ZIP
BETHESDA MD

TITLE ☐ DELETE

NAME
VD
RYAN, JOSEPH
STREET ADDRESS
10400 FERNWOOD RD
CITY- ST- ZIP
BETHESDA MD

TITLE ☐ DELETE

NAME
S
MCGLOCKTON, JOAN RECTOR
STREET ADDRESS
10400 FERNWOOD RD.
CITY- ST- ZIP
BETHESDA MD

TITLE ☐ DELETE

NAME
VD
SHAW, WILLIAM J
STREET ADDRESS
10400 FERNWOOD ROAD
CITY- ST- ZIP
BETHESDA FL

TITLE ☐ DELETE

NAME
AS
BENZ, NANCY L.
STREET ADDRESS
10400 FERNWOOD RD.
CITY- ST- ZIP
BETHESDA MD

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE ☐ Change ☐ Addition

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

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

Nancy L. Benz

2/12/98

CR2E034 (10/97)