

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Feb 20 1997 8:00am
Secretary of State

. PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F29150 (2)

1. Corporation Name
PINELLAS PARK NURSING HOME, INC.

Principal Place of Business 10065 RED RUN BLVD OWINGS MILLS MD 21117 US	Mailing Address 10065 RED RUN BLVD OWINGS MILLS MD 21117 US
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/09/1981	3a. Date of Last Report 03/06/1996
21		26		4. FEI Number 59-2208205	Applied For <input type="checkbox"/> Not Applicable
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Zip	25 Country	29 Zip	30 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 SO PINE ISL RD PLANTATION FL 33324				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FULCHINO, MARK	1.2 NAME	
STREET ADDRESS	10065 RED RUN BLVD	1.3 STREET ADDRESS	
CITY - ST - ZIP	OWINGS MILLS MD	1.4 CITY - ST - ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CIRKA, LAWRENCE	2.2 NAME	
STREET ADDRESS	10065 RED RUN BLVD	2.3 STREET ADDRESS	
CITY - ST - ZIP	OWINGS MILLS MD	2.4 CITY - ST - ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAHILL, DENNIS A	3.2 NAME	
STREET ADDRESS	10065 RED RUN BLVD.	3.3 STREET ADDRESS	
CITY - ST - ZIP	OWINGS MILLS MD	3.4 CITY - ST - ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVIN, MARC B	4.2 NAME	
STREET ADDRESS	10065 RED RUN BLVD	4.3 STREET ADDRESS	
CITY - ST - ZIP	OWINGS MILLS MD	4.4 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELKINS, MARSHALL A	5.2 NAME	
STREET ADDRESS	10065 RED RUN BLVD	5.3 STREET ADDRESS	
CITY - ST - ZIP	OWINGS MILLS MD	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Bennett, Bradley
STREET ADDRESS		6.3 STREET ADDRESS	10065 Red Run Blvd.
CITY - ST - ZIP		6.4 CITY - ST - ZIP	OWINGS MILLS MD 21117

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:

Mark Fulchino **REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/97
 Date

(410) 998-8578
 Daytime Phone #

CR2E034 (9/96)