

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # F44356 (6)

1. Corporation Name

MANOR CARE OF DUNEDIN, INC.

Principal Place of Business

10750 COLUMBIA PIKE
SILVER SPRING MD 20901

Mailing Address

10750 COLUMBIA PIKE
SILVER SPRING MD 20901

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

09/11/1981

3a. Date of Last Report

05/01/1995

4. FEI Number

52-1252397

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

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 title, if applicable

Signature, typed or printed name of registered agent and title, if applicable

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VPFT
MACCUTCHEON, JAMES A.
10750 COLUMBIA PIKE
SILVER SPRING, MD 00000

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VPGS
REMPE, JAMES H
10750 COLUMBIA PIKE
SILVER SPRING, MD 00000

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

CCEO
BAINUM, STEWART JR
10750 COLUMBIA PIKE
SILVER SPRING MD

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

AS
KEMEZY, PETER K.
10750 COLUMBIA PIKE
SILVER SPRING MD

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

CCEO
BAINUM JR., STEWART
10750 COLUMBIA PIKE
SILVER SPRING MD

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

AT
HICKEY, GERALD
10750 COLUMBIA PIKE
SILVER SPRING MD

☐ DELETE

13.

1.1 TITLE

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

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

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(2)(k), 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ASST. TREASURER

APR 25 1996

CR2E034 (12/95)