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FILED  
May 15 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 # F56167

(2)

1. Corporation Name

MANOR CARE OF SARASOTA, INC.

Principal Place of Business

10750 COLUMBIA PIKE  
SILVER SPRING MD 20901

Mailing Address

10750 COLUMBIA PIKE  
SILVER SPRING MD 20901-4427

3. Date Incorporated or Qualified

11/25/1981

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

28

11555 DARNESTOWN RD.  
GAITHERSBURG, MD 20878-3200

23

Zip

Country

29

Zip

Country

24

25

28

30

9. Name and Address of Current Registered Agent

4. FEI Number

52-1252364

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

Trust Fund Contribution

☐

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

☐

Yes

☐

No

10. Name and Address of New Registered Agent

UNITED STATES CORPORATION COMPANY  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301

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 of the person providing name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
CCEO	BAINUM, STEWART, JR	10750 COLUMBIA PIKE	SILVER SPRING, MD 00000	<input type="checkbox"/>
VPGS	REMPE, JAMES	10750 COLUMBIA PIKE	SILVER SPRING, MD 00000	<input type="checkbox"/>
AS	KEMEZYS, PETER K.	10750 COLUMBIA PIKE	SILVER SPRING, MD 00000	<input type="checkbox"/>
VPFT	MAGGUTOHEON, JAMES A.	10750 COLUMBIA PIKE	SILVER SPRING, MD 00000	<input checked="" type="checkbox"/>
CCEO	BAINUM JR., STEWART	10750 COLUMBIA PIKE	SILVER SPRING MD	<input type="checkbox"/>
AT	HICKEY, GERALD	10750 COLUMBIA PIKE	SILVER SPRING MD	<input checked="" type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
SEE ATTACHMENT	11555 DARNESTOWN RD.	GAITHERSBURG, MD 20878-3200		<input type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	Change	Addition
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	Change	Addition
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	Change	Addition
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	Change	Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	Change	Addition

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:

*Jeff C. Lomas*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day: mo Phone #

0497718

CR2E034 (9/96)