

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 15 1997 8:00am
Secretary of State

DOCUMENT # F71888

(4)

1. Corporation Name

MANOR CARE OF BOCA RATON, INC.

Principal Place of Business

10750 COLUMBIA PIKE
SILVER SPRINGS MD 20901

Mailing Address

10750 COLUMBIA PIKE
SILVER SPRINGS MD 20901-4427



3. Date Incorporated or Qualified

03/09/1982

3a. Date of Last Report

05/01/1996

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

4. FEI Number

52-1297340

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

9. Name and Address of Current Registered Agent

UNITED STATES CORPORATION COMPANY
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 title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	AT	<input checked="" type="checkbox"/> DELETE
NAME	HICKEY, GERALD L.	
STREET ADDRESS	10750 COLUMBIA PIKE	
CITY-ST-ZIP	SILVER SPRINGS MD 20901	
TITLE	VPFT	<input checked="" type="checkbox"/> DELETE
NAME	MACCUTCHEON, JAMES A.	
STREET ADDRESS	10750 COLUMBIA PIKE	
CITY-ST-ZIP	SILVER SPRINGS, MD 0	
TITLE	VPGS	<input type="checkbox"/> DELETE
NAME	REMPE, JAMES H.	
STREET ADDRESS	10750 COLUMBIA PIKE	
CITY-ST-ZIP	SILVER SPRINGS, MD 0	
TITLE	CCEO	<input type="checkbox"/> DELETE
NAME	BAINUM JR., STEWART	
STREET ADDRESS	10750 COLUMBIA PIKE	
CITY-ST-ZIP	SILVER SPRINGS MD	
TITLE	CCEO	<input type="checkbox"/> DELETE
NAME	BAINUM SR., STEWART	
STREET ADDRESS	10750 COLUMBIA PIKE	
CITY-ST-ZIP	SILVER SPRINGS MD	
TITLE	CCEO	<input type="checkbox"/> DELETE
NAME	BAINUM, STEWART JR	
STREET ADDRESS	10750 COLUMBIA PIKE	
CITY-ST-ZIP	SILVER SPRINGS MD	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 included 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:

Joseph C. Comer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)