

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 21 PM 3:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F93000001318 (5)

1. Corporation Name

MEADOWBROOK MANOR OF KANSAS & MISSOURI, INC.

Principal Place of Business

Mailing Address

6000 MARKET SQUARE CT
STE 200
CLEMMONS NC 27012
US

6000 MARKET SQUARE CT
STE 200
CLEMMONS NC 27012
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/16/1993

3a. Date of Last Report

04/19/1994

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

56-1773586

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution

☐

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

CAPITAL CONNECTION
417 E. VIRGINIA STREET, SUITE 1
TALLAHASSEE FL 32302

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 date if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	MOSCA, DANIEL D
STREET ADDRESS	150 FAYETTEVILLE ST. MALL, STE. 2700
CITY - ST - ZIP	RALEIGH NC 27601
TITLE	V
NAME	HERZOG, LAVERN P
STREET ADDRESS	2415 VOLUSIA AVE., SUITE A-4
CITY - ST - ZIP	ORANGE CITY FL 32783
TITLE	ST
NAME	SWAIN, W S
STREET ADDRESS	6000 MARKET SQ. CT., STE 200
CITY - ST - ZIP	CLEMMONS NC
TITLE	CD
NAME	ANGELL, DON G
STREET ADDRESS	6000 MARKET SQ. CT., STE 200
CITY - ST - ZIP	CLEMMONS NC
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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	NIA
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☒ Change ☐ Addition
3.2 NAME	Assistant Secretary
3.3 STREET ADDRESS	Don G. Angell
3.4 CITY - ST - ZIP	6000 Meadowbrook Mall, Suite 27
4.1 TITLE	☒ Change ☐ Addition
4.2 NAME	Clemmons, NC 27012
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	6000 Meadowbrook Mall, Suite 27
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daniel D. Mosca 4/10/95

(910) 712-0444

Date

Daytime Phone #