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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED  
Apr 23 1996 8:00 am  
Secretary of State

DOCUMENT # F93000001318 (5)

1. Corporation Name

MEADOWBROOK MANOR OF KANSAS & MISSOURI, INC.



Principal Place of Business

6000 MARKET SQUARE CT  
STE 200  
CLEMMONS MC 27012  
US

Mailing Address

PO BOX 1670  
CLEMMONS NC 27012  
US

2. Principal Place of Business

21 6000 Meadowbrook Mall

2a. Mailing Address

26 P.O. Box 1708

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 200

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

GOETZ, GALEN  
2415 SOUTH VOLUSIA AVENUE  
#A4  
ORANGE CITY FL 32763

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 the Applicant.

(NOTE: Registered Agent signature required when changing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD  
MOSCA, DANIEL D  
STREET ADDRESS 150 FAYETTEVILLE ST. MALL, STE. 2700  
CITY-STATE-ZIP RALEIGH NC 27601

TITLE ☒ DELETE

NAME CD  
HERZOG, LAVERN P  
STREET ADDRESS 6000 MEADOWBROOK MALL, STE 27  
CITY-STATE-ZIP ORANGE CITY FL

TITLE ☐ DELETE

NAME AS  
ANGELL, DON G.  
STREET ADDRESS 6000 MEADOWBROOK MALL, STE 27  
CITY-STATE-ZIP CLEMMONS NC

TITLE ☐ DELETE

NAME CD  
ANGELL, DON G.  
STREET ADDRESS 6000 MARKET SQ. CT., STE 200  
CITY-STATE-ZIP CLEMMONS NC

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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 119.07(3)(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 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

Don G. Angell 4/9/96 (910) 712-0444

CR2E034 (12/95)