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

DOCUMENT # **F93000003441 (3)**

1. Corporation Name

MANOR CARE, INC.

Principal Place of Business	Mailing Address
10750 COLUMBIA PIKE SILVER SPRING MD 20901	10750 COLUMBIA PIKE SILVER SPRING MD 20901

3. Date Incorporated or Qualified: **07/28/1993**

3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business — 21: —
Suite, Apt. #, etc. — 22: —
City & State — 23: —
Zip — 24: — Country — 25: —

2a. Mailing Address — 26: —
Suite, Apt. #, etc. — 27: —
City & State — 28: —
Zip — 29: — Country — 30: —

4. FEI Number: **52-1200376** ☐ 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

THE PRENTICE-HALL CORPORATION SYSTEM INC.
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: _____ DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CCEO	☐ DELETE	1.1 TITLE	Asst Treasurer	☐ Change ☐ Addition
NAME	BAINUM, STEWART JR.		1.2 NAME	Gerald F. Hickey	
STREET ADDRESS	10750 COLUMBIA PIKE		1.3 STREET ADDRESS	Same as above	
CITY-ST-ZIP	SILVER SPRING MD		1.4 CITY-ST-ZIP		
TITLE	VC	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BAINUM, STEWART		2.2 NAME		
STREET ADDRESS	10750 COLUMBIA PIKE		2.3 STREET ADDRESS		
CITY-ST-ZIP	SILVER SPRING MD		2.4 CITY-ST-ZIP		
TITLE	VPGS	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	REMPE, JAMES H		3.2 NAME		
STREET ADDRESS	10750 COLUMBIA PIKE		3.3 STREET ADDRESS		
CITY-ST-ZIP	SILVER SPRING MD		3.4 CITY-ST-ZIP		
TITLE	VPFT	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MACCUTCHEON, JAMES A		4.2 NAME		
STREET ADDRESS	10750 COLUMBIA PIKE		4.3 STREET ADDRESS		
CITY-ST-ZIP	SILVER SPRING MD		4.4 CITY-ST-ZIP		
TITLE	VPRD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	HUMPHRIES, WELDON R		5.2 NAME		
STREET ADDRESS	10750 COLUMBIA PIKE		5.3 STREET ADDRESS		
CITY-ST-ZIP	SILVER SPRING MD		5.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	BUCKLEY, JOSEPH R		6.2 NAME	400001879094	
STREET ADDRESS	10750 COLUMBIA PIKE		6.3 STREET ADDRESS	-06/28/96--01038--014	
CITY-ST-ZIP	SILVER SPRING MD		6.4 CITY-ST-ZIP	***200.00	

CR2E034 (12/95)

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: Gerald F. Hickey **ASST. TREASURER** APR 25 1996

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE

CS 5/1/96