

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

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
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DOCUMENT # **F93000003441 (3)**

1. Corporation Name
MANOR CARE, INC.



Principal Place of Business 10750 COLUMBIA PIKE SILVER SPRING MD 20901	Mailing Address 10750 COLUMBIA PIKE SILVER SPRING MD 20901-4427
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/28/1993	3a. Date of Last Report 05/01/1996
21 State, Apt. #, etc.	26	27 11555 DARNESTOWN RD GAITHERSBURG, MD 20878-3200		4. FEI Number 52-1200376	Applied For Not Applicable
22 City & State	28	29		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	25 Country	28 Zip	30 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	25	28	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301		81 Name	85 Zip Code
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CCEO <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAINUM, STEWART JR.	1.2 NAME	
STREET ADDRESS	10750 COLUMBIA PIKE	1.3 STREET ADDRESS	11555 DARNESTOWN RD.
CITY - ST - ZIP	SILVER SPRING MD	1.4 CITY - ST - ZIP	GAITHERSBURG, MD. 20878-3200
TITLE	VC <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	VPOS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAGOUTCHEON, 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 <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	AT <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HICKEY, GERALD L	6.2 NAME	
STREET ADDRESS	10750 COLUMBIA PIKE	6.3 STREET ADDRESS	
CITY - ST - ZIP	SILVER SPRING MD	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 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: *Luft Comar* **LOU COMAR**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: _____ Daytime Phone #: _____

CR2E034 (9/96)