


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

FILED

May 16 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 # F93000005773 (7)

1. Corporation Name
MHM EXTENDED CARE SERVICES, INC.



Principal Place of Business SUITE 200 7801 LEWISVILLE ROAD MCLEAN VA 22101	Mailing Address SUITE 200 7801 LEWISVILLE ROAD MCLEAN VA 22102-2815
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3. Date Incorporated or Qualified 12/21/1993	3a. Date of Last Report 05/01/1996
4. FEI Number 54-1688602	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 8000 Towers Crescent Dr. Suite, Apt. #, etc. 22 #810 City & State 23 Vienna, VA Zip 24 22182 Country 25 USA	2a. Mailing Address 26 8000 Towers Crescent Dr. Suite, Apt. #, etc. 27 #810 City & State 28 Vienna, VA Zip 29 22182 Country 30 USA
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9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
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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 _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCD PINKERT, MICHAEL S 7801 LEWISVILLE ROAD MCLEAN VA 22101 <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	See address change	1.2 NAME	See attached List for all changes & additions to Bd & officers
STREET ADDRESS		1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	CFGT HAMMOND, VICKI S 7801 LEWISVILLE ROAD MCLEAN VA 22101 <input checked="" type="checkbox"/> DELETE	2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	D HAMMOND, VICKI S 7801 LEWISVILLE ROAD MCLEAN VA 22101 <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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: *Carolyn Zimmerman* 4-10-97 703 749 4651
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)

**MMH EXTENDED CARE SERVICES, INC.
8000 TOWERS CRESCENT DRIVE, SUITE 810
VIENNA, VIRGINIA 22182**

CORPORATE INFORMATION

(Business address of all Directors and Officers is listed above)

BOARD OF DIRECTORS

(Home Addresses)

Michael S. Pinkert
705 Potomac Knolls Drive
McLean, Virginia 22102

Carolyn Zimmerman
3437 Austin Avenue
Alexandria, VA 22310

Steven Wheeler
1709 Asoleado Lane
Vienna, VA 22182

OFFICERS

(Home Addresses)

Michael S. Pinkert
Chief Executive Officer/President
705 Potomac Knolls Drive
McLean, Virginia 22102

Carolyn Zimmerman
Vice President - Finance and Administration,
Chief Financial Officer, Secretary and Treasurer
3437 Austin Avenue
Alexandria, VA 22310

Steven Wheeler
Vice President
1709 Asoleado Lane
Vienna, VA 22182

Lee Calligaro
Vice President and Assistant Secretary
3818 Klinge Place, N.W.
Washington, DC 20016