FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
'95 APR 19 PM 11:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000001722 (7)

1. Corporation Name
CASA MARIA OF MARYLAND, INC.

Principal Place of Business	Mailing Address
DEPT. 52.862. 10400 FERNWOOD BETHESDA MD 20817	DEPT. 52.862. 10400 FERNWOOD BETHESDA MD 20817

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/05/1994
3a. Date of Last Report:

2. Principal Place of Business
21 10400 FERNWOOD ROAD
Suite, Apt. #, etc.
22 DEPT. 924.13
City & State
23 BETHESDA, MD
Zip 24 20817 Country 25 US

2a. Mailing Address
26 10400 FERNWOOD ROAD
Suite, Apt. #, etc.
27 DEPT. 924.13
City & State
28 BETHESDA, MD
Zip 29 20817 Country 30 US

4. FEI Number: 95-3852355 ☐ 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 ST., STE. 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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	STEIN, MICHAEL A	12 NAME	
STREET ADDRESS	9812 KENDALE ROAD	13 STREET ADDRESS	
CITY-ST-ZIP	POTOMAC MD 20854	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	VD ☐ Change ☐ Addition
NAME	COLTON, STERLING D	22 NAME	JOSEPH RYAN
STREET ADDRESS	8005 GREENTREE ROAD	23 STREET ADDRESS	10400 FERNWOOD ROAD
CITY-ST-ZIP	BETHESDA MD 20817	24 CITY-ST-ZIP	BETHESDA, MD 20817
TITLE	S	31 TITLE	☐ Change ☐ Addition
NAME	MCGLOCKTON, JOAN R	32 NAME	
STREET ADDRESS	1409 SQUAW HILL LANE	33 STREET ADDRESS	
CITY-ST-ZIP	SILVER SPRING MD	34 CITY-ST-ZIP	
TITLE	AS	41 TITLE	☐ Change ☐ Addition
NAME	BENZ, NANCY L	42 NAME	
STREET ADDRESS	9132 WILLOWGATE LANE	43 STREET ADDRESS	
CITY-ST-ZIP	BETHESDA MD 20817	44 CITY-ST-ZIP	
TITLE	T	51 TITLE	☐ Change ☐ Addition
NAME	MURPHY, RAYMOND G	52 NAME	
STREET ADDRESS	14804 CARROLTON ROAD	53 STREET ADDRESS	
CITY-ST-ZIP	ROCKVILLE MD 20853	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	SHAW, WILLIAM J	62 NAME	
STREET ADDRESS	21 BRIDLE COURT	63 STREET ADDRESS	
CITY-ST-ZIP	POTOMAC MD 20854	64 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 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: Nancy L. Benz Nancy L. Benz 4-12-95 301-320-3100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0474784 FP