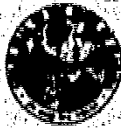


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
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

2a. Mailing Address

21 10400 FERNWOOD ROAD

26 10400 FERNWOOD ROAD

4. FEI Number

95-3852355

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 DEPT. 924.13

27 DEPT. 924.13

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

23 BETHESDA, MD

28 BETHESDA, MD

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24 20817

25 US

29 20817

30 US

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☒ 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 ST., STE. 105
TALLAHASSEE FL 32301

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 fee if applicable

(NOTE: Registered Agent signature required when remaining)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	STEIN, MICHAEL A
STREET ADDRESS	9812 KENDALE ROAD
CITY - ST - ZIP	POTOMAC MD 20854
TITLE	VD
NAME	COLTON, STERLING D
STREET ADDRESS	8005 GREENTREE ROAD
CITY - ST - ZIP	BETHESDA MD 20817
TITLE	S
NAME	MCGLOCKTON, JOAN R
STREET ADDRESS	1409 SQUAW HILL LANE
CITY - ST - ZIP	SILVER SPRING MD
TITLE	AS
NAME	BENZ, NANCY L
STREET ADDRESS	9132 WILLOWGATE LANE
CITY - ST - ZIP	BETHESDA MD 20817
TITLE	T
NAME	MURPHY, RAYMOND G
STREET ADDRESS	14804 CARROLTON ROAD
CITY - ST - ZIP	ROCKVILLE MD 20853
TITLE	D
NAME	SHAW, WILLIAM J
STREET ADDRESS	21 BRIDLE COURT
CITY - ST - ZIP	POTOMAC MD 20854

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	VD
23 STREET ADDRESS	JOSEPH RYAN
24 CITY - ST - ZIP	10400 FERNWOOD ROAD
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	BETHESDA, MD 20817
34 CITY - ST - ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
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 110.07(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 recorder 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

Nancy L. Benz 4-12-95 301-380-300

(Last)

Daytime Phone #