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5-18

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # F94000001722 (7)

1. Corporation Name

CASA MARIA OF MARYLAND, INC.



Principal Place of Business

Mailing Address

10400 FERNWOOD ROAD  
DEPT. 924.13  
BETHESDA MD 20817  
US

10400 FERNWOOD ROAD  
DEPT. 924.13  
BETHESDA MD 20817  
US

3. Date Incorporated or Qualified  
04/05/1994

3a. Date of Last Report  
04/19/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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 for if applicable

(NOTE: Registered Agent signature required when reinstating)

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

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE VD  
NAME RYAN, JOSEPH  
STREET ADDRESS 10400 FERNWOOD ROAD  
CITY-ST-ZIP BETHESDA MD

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE S  
NAME MCGLOCKTON, JOAN R  
STREET ADDRESS 1409 SQUAW HILL LANE  
CITY-ST-ZIP SILVER SPRING MD

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE AS  
NAME BENZ, NANCY L  
STREET ADDRESS 9132 WILLOWGATE LANE  
CITY-ST-ZIP BETHESDA MD 20817

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE T  
NAME MURPHY, RAYMOND G  
STREET ADDRESS 14604 CARROLTON ROAD  
CITY-ST-ZIP ROCKVILLE MD 20853

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE D  
NAME SHAW, WILLIAM J  
STREET ADDRESS 21 BRIDLE COURT  
CITY-ST-ZIP POTOMAC MD 20854

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

900001819939  
05/14/96 01022 017  
\*\*\*200.00

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:

Nancy L. Benz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NANCY L. BENZ

APR 24 1996

Date

(301)380-3000

Daytime Phone #

CR2E034 (12/95)

5/1/96