

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F94000006502 (8)**
1. Corporation Name

LIVING CENTERS - EAST, INC.

Principal Place of Business

**15415 KATY FREEWAY
HOUSTON TX 77094**

Managing Office

**15415 KATY FREEWAY
HOUSTON TX 77094**

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip

24 County

2a. Managing Office

26 State, Apt. #, etc.

27 City & State

28 Zip

29 County

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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 607.01, 607.02, and 607.15(1), Florida Statutes, the above named corporation hereby certifies this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. If a change was authorized by the corporation's board of directors, hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.02(1), Florida Statutes.

SIGNATURE

DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	LEE, J D
STREET ADDRESS	15415 KATY FREEWAY
CITY, ST, ZIP	HOUSTON TX
TITLE	V
NAME	FRANK, C W
STREET ADDRESS	15415 KATY FREEWAY
CITY, ST, ZIP	HOUSTON TX
TITLE	VAS
NAME	BOONE JR, SYDNEY K
STREET ADDRESS	15415 KATY FREEWAY
CITY, ST, ZIP	HOUSTON TX
TITLE	D
NAME	WILLIAMS, L D
STREET ADDRESS	15415 KATY FREEWAY
CITY, ST, ZIP	HOUSTON TX
TITLE	D
NAME	KUNTZ, EDWARD L
STREET ADDRESS	15415 KATY FREEWAY
CITY, ST, ZIP	HOUSTON TX

13.

1. TITLE	2. STREET ADDRESS	3. CITY, ST, ZIP
4. NAME	5. STREET ADDRESS	6. CITY, ST, ZIP
7. TITLE	8. STREET ADDRESS	9. CITY, ST, ZIP
10. NAME	11. STREET ADDRESS	12. CITY, ST, ZIP
13. TITLE	14. STREET ADDRESS	15. CITY, ST, ZIP
16. NAME	17. STREET ADDRESS	18. CITY, ST, ZIP
19. TITLE	20. STREET ADDRESS	21. CITY, ST, ZIP
22. NAME	23. STREET ADDRESS	24. CITY, ST, ZIP
25. TITLE	26. STREET ADDRESS	27. CITY, ST, ZIP
28. NAME	29. STREET ADDRESS	30. CITY, ST, ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

C. W. Frank

3/29/96

(713) 578-4600

Office Phone

CR2E034 (12/95)