

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

FILED

**Apr 15 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F97000004971 (4)
1. Corporation Name
MANORCARE HEALTH SERVICES OF PLANTATION, INC.



Principal Place of Business 11555 DARNESTOWN RD. GAITHERSBURG MD 20878	Mailing Address 11555 DARNESTOWN RD. GAITHERSBURG MD 20878
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DO NOT WRITE IN THIS SPACE

21 2. Principal Place of Business	26 2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified 09/23/1997	Applied For
4. FEI Number 52-2055098 APPLIED FOR	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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAINUM, STEWART JR.	1.2 NAME	
STREET ADDRESS	11555 DARNESTOWN RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	GAITHERSBURG MD 20878	1.4 CITY-ST-ZIP	
TITLE	DVS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REMPE, JAMES H	2.2 NAME	
STREET ADDRESS	11555 DARNESTOWN RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	GAITHERSBURG MD 20878	2.4 CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COMAS, LEIGH C	3.2 NAME	
STREET ADDRESS	11555 DARNESTOWN RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	GAITHERSBURG MD 20878	3.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOMASSO, DONALD C	4.2 NAME	
STREET ADDRESS	11555 DARNESTOWN RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	GAITHERSBURG MD 20878	4.4 CITY-ST-ZIP	
TITLE	VAS <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHILLIPS, LEO H JR.	5.2 NAME	
STREET ADDRESS	11555 DARNESTOWN RD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	GAITHERSBURG MD 20878	5.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHOENDORFER, MARGARITA	6.2 NAME	
STREET ADDRESS	11555 DARNESTOWN RD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	GAITHERSBURG MD 20878	6.4 CITY-ST-ZIP	

14. I 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.

CR2E034 (10/97)