

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
--	---	---

DOCUMENT # F97000004995 (3)
 1. Corporation Name
MANORCARE HEALTH SERVICES OF BOYNTON BEACH, INC.



Principal Place of Business 11555 DARNESTOWN RD. GAITHERSBURG MD 20878	Mailing Address 11555 DARNESTOWN RD. GAITHERSBURG MD 20878
--	--

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 09/24/1997	Applied For
4. FEI Number 52-2055100 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
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> DELETE
NAME	BAINUM, STEWART JR.	
STREET ADDRESS	11555 DARNESTOWN RD.	
CITY-ST-ZIP	GAITHERSBURG MD 20878	
TITLE	DVS	<input type="checkbox"/> DELETE
NAME	REMPE, JAMES H	
STREET ADDRESS	11555 DARNESTOWN RD.	
CITY-ST-ZIP	GAITHERSBURG MD 20878	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	COMAS, LEIGH C	
STREET ADDRESS	11555 DARNESTOWN RD.	
CITY-ST-ZIP	GAITHERSBURG MD 20878	
TITLE	P	<input type="checkbox"/> DELETE
NAME	TOMASSO, DONALD C	
STREET ADDRESS	11555 DARNESTOWN RD.	
CITY-ST-ZIP	GAITHERSBURG MD 20878	
TITLE	VAS	<input type="checkbox"/> DELETE
NAME	PHILLIPS, LEO H JR.	
STREET ADDRESS	11555 DARNESTOWN RD.	
CITY-ST-ZIP	GAITHERSBURG MD 20878	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SCHOENDORFER, MARGARITA	
STREET ADDRESS	11555 DARNESTOWN RD.	
CITY-ST-ZIP	GAITHERSBURG MD 20878	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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.

SIGNATURE: *Darrell Carlisle* *VP Finance* *4/19/98* *20 979 4333*

CR2E084 (10/97)