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Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90058 004 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F97000004995

1. Corporation Name
MANORCARE HEALTH SERVICES OF BOYNTON BEACH, INC.



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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/24/1997

2. Principal Place of Business	2a. Mailing Address
21 333 North Summit	26 333 North Summit
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 Tax Dept	27 Tax Dept
City & State	City & State
23 TOLEDO OH	28 TOLEDO OH
Zip Country	Zip Country
24 43699-0086 25	29 43699-0086 30

4. FEI Number	Applied For
52-2055100	<input type="checkbox"/> 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 the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 checked="" type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAINUM, STEWART JR.	1.2 NAME	PAUL A ORMOND
STREET ADDRESS	11555 DARNESTOWN RD.	1.3 STREET ADDRESS	333 NORTH SUMMIT
CITY-ST-ZIP	GAITHERSBURG MD 20878	1.4 CITY-ST-ZIP	TOLEDO, OH 43699-0086
TITLE	DVS <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REMPE, JAMES H	2.2 NAME	M. Keith Weikel
STREET ADDRESS	11555 DARNESTOWN RD.	2.3 STREET ADDRESS	333 NORTH SUMMIT
CITY-ST-ZIP	GAITHERSBURG MD 20878	2.4 CITY-ST-ZIP	TOLEDO, OH 43699-0086
TITLE	DT <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COMAS, LEIGH C	3.2 NAME	SEE ATTACHED LIST
STREET ADDRESS	11555 DARNESTOWN RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	GAITHERSBURG MD 20878	3.4 CITY-ST-ZIP	
TITLE	P <input checked="" 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 checked="" 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 checked="" 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, with all other like empowered.

SIGNATURE: Peter Childs SIGNATURE REQUIRED Peter Childs 2/17/99 419-252-5885
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/7/98)