

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
May 10, 1999 8:00 am  
Secretary of State

05-10-1999 90173 003 \*\*\*150.00

DOCUMENT # F97000006838

1. Corporation Name

MARRIOTT CONTINUING CARE, INC.

Principal Place of Business

DEPT. 924.13. 10400 FERNWOOD RD  
BETHESDA MD 20817

Mailing Address

DEPT. 924.13. 10400 FERNWOOD RD  
BETHESDA MD 20817

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/24/1997

4. FEI Number

52-2069459

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
TALLAHASSEE FL 32301

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	MCGLOCKTON, JOAN R	
STREET ADDRESS	10400 FERNWOOD ROAD	
CITY-ST-ZIP	BETHESDA MD	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MORROW, TERRENCE P	
STREET ADDRESS	10400 FERNWOOD ROAD	
CITY-ST-ZIP	BETHESDA MD	
TITLE	V	<input type="checkbox"/> DELETE
NAME	CLARKE, CAROL I	
STREET ADDRESS	10400 FERNWOOD ROAD	
CITY-ST-ZIP	BETHESDA MD	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JOHNSON JR, PAUL E	
STREET ADDRESS	10400 FERNWOOD ROAD	
CITY-ST-ZIP	BETHESDA MD	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SHAW, WILLIAM J	
STREET ADDRESS	10400 FERNWOOD ROAD	
CITY-ST-ZIP	BETHESDA MD	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	BENZ NANCY L	
STREET ADDRESS	10400 FERNWOOD RD	
CITY-ST-ZIP	BETHESDA MD 20817	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	W. David Mann	
1.3 STREET ADDRESS	10400 Fernwood Road	
1.4 CITY-ST-ZIP	Bethesda, Maryland 20817	
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/21/99 301-380-8742

CR2E034 (11/98)

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