

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED

95 JUN 29 PM 1:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G29121 (2)

1. Corporation Name
HIALEAH CONVALESCENT CENTERS, INC.

000001532550
-07/07/95--01066--002
****233.75 ****233.75

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address
C/O TAX DEPARTMENT P. O. BOX 715 MECHANICSBURG PA 17055-0715
C/O TAX DEPARTMENT P. O. BOX 715 MECHANICSBURG PA 17055-0715

3. Date Incorporated or Qualified 02/15/1983	3a. Date of Last Report 04/20/1994
4. FEI Number 59-2474483	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
6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

B1 Name		
B2 Street Address (P.O. Box Number is Not Acceptable)		
B3		
B4 City	FL	B5 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 _____ DATE _____
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ORTENZIO, ROBERT A
STREET ADDRESS	600 WILSON LANE
CITY - ST - ZIP	MECHANICSBURG PA
TITLE	V
NAME	NATION, DAVID G.
STREET ADDRESS	600 WILSON LANE
CITY - ST - ZIP	MECHANICSBURG PA
TITLE	DRUGGARD, BRUCE
NAME	DRUGGARD, BRUCE
STREET ADDRESS	600 WILSON LANE
CITY - ST - ZIP	MECHANICSBURG PA
TITLE	V
NAME	TARVIN, MICHAEL E.
STREET ADDRESS	600 WILSON LANE
CITY - ST - ZIP	MECHANICSBURG PA
TITLE	VD
NAME	MISITANO, ANTHONY
STREET ADDRESS	600 WILSON LANE
CITY - ST - ZIP	MECHANICSBURG PA
TITLE	VT
NAME	LEHMAN, DENNIS L.
STREET ADDRESS	600 WILSON LANE
CITY - ST - ZIP	MECHANICSBURG PA

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<i>Assistant Secretary</i>
3.3 STREET ADDRESS	<i>Andy Agrawal</i>
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<i>Vice president</i>
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Deborah Meyer's Welsh* (717) 790-8300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Deborah Meyer's Welsh, Vice President

CR2E034 (3/95)