FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **G29121** **(2)**

1. Corporation Name

HIALEAH CONVALESCENT CENTERS, INC.

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

2. Principal Place of Business	2a. Mailing Address
21 600 Wilson Lane	26 6001 Indian School Road
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Mechanicsburg, PA	28 City & State: Albuquerque, NM
24 Zip: 17055 25 Country: US	29 Zip: 87110 30 Country: US

3. Date Incorporated or Qualified: 02/15/1983
3a. Date of Last Report: 06/29/1995
4. FEI Number: 59-2474483 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. ☐ Yes ☐ No

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

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ORTENZIO, ROBERT A		1.2 NAME		
STREET ADDRESS	600 WILSON LANE		1.3 STREET ADDRESS		
CITY-ST-ZIP	MECHANICSBURG PA		1.4 CITY-ST-ZIP		
TITLE	V	XX DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	NATION, DAVID G.		2.2 NAME		
STREET ADDRESS	600 WILSON LANE		2.3 STREET ADDRESS		
CITY-ST-ZIP	MECHANICSBURG PA		2.4 CITY-ST-ZIP		
TITLE	S	X DELETE	3.1 TITLE	V.P. & Secretary	☐ Change XX Addition
NAME	ANDY AGRAWAL		3.2 NAME	Deborah Myers Welsh	
STREET ADDRESS	600 WILSON LANE		3.3 STREET ADDRESS	600 Wilson Lane	
CITY-ST-ZIP	MECHANICSBURG PA		3.4 CITY-ST-ZIP	Mechanicsburg, PA 17055	
TITLE	V	☐ DELETE	4.1 TITLE	V. P. & Ast. Sec.	XX Change ☐ Addition
NAME	TARVIN, MICHAEL E.		4.2 NAME		
STREET ADDRESS	600 WILSON LANE		4.3 STREET ADDRESS		
CITY-ST-ZIP	MECHANICSBURG PA		4.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MISITANO, ANTHONY		5.2 NAME		
STREET ADDRESS	600 WILSON LANE		5.3 STREET ADDRESS		
CITY-ST-ZIP	MECHANICSBURG PA		5.4 CITY-ST-ZIP		
TITLE	VT	XX DELETE	6.1 TITLE	Vice President & Treasurer	☐ Change XX Addition
NAME	LEHMAN, DENNIS L.		6.2 NAME	Scott A. Romberger	
STREET ADDRESS	600 WILSON LANE		6.3 STREET ADDRESS	600 Wilson Lane	
CITY-ST-ZIP	MECHANICSBURG PA		6.4 CITY-ST-ZIP	Mechanicsburg, PA 17055	

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)(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: Michael E. Tarvin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Vice President

3/1/96 (717) 790-8300

CR2E034 (12/95)