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May 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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: C/O TAX DEPARTMENT, P. O. BOX 715, MECHANICSBURG PA 17055-0715
Mailing Address: 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: 03/18/1996

21. Principal Place of Business: 600 INDIAN SCHOOL RD NE, Suite, Apt. #, etc.
22. City & State: ALB, NM
23. Zip: 87110, Country
24. Mailing Address: P.O. BOX 30078, Suite, Apt. #, etc.
25. City & State: ALB, NM
26. Zip: 87190, Country

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
7. 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
85 Zip Code: FL

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: _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	ORTENZIO, ROBERT A	
STREET ADDRESS	600 WILSON LANE	
CITY-ST-ZIP	MECHANICSBURG PA	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	NATION, DAVID G.	
STREET ADDRESS	600 WILSON LANE	
CITY-ST-ZIP	MECHANICSBURG PA	
TITLE	VPS	<input checked="" type="checkbox"/> DELETE
NAME	WELSH, DEBORAH M	
STREET ADDRESS	600 WILSON LANE	
CITY-ST-ZIP	MECHANICSBURG PA	
TITLE	VPAS	<input checked="" type="checkbox"/> DELETE
NAME	TARVIN, MICHAEL E.	
STREET ADDRESS	600 WILSON LANE	
CITY-ST-ZIP	MECHANICSBURG PA	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	MISITANO, ANTHONY	
STREET ADDRESS	600 WILSON LANE	
CITY-ST-ZIP	MECHANICSBURG PA	
TITLE	VPT	<input checked="" type="checkbox"/> DELETE
NAME	ROMBERGER, SCOTT A	
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	SEE ATTACHED	
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 do 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 included 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: _____ DATE: 4/24/97 DAYTIME PHONE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)

**Hialeah Convalescent Centers, Inc.
List of Officers and Directors**

<u>Name</u>	<u>Title</u>	<u>Street Address</u>
Neal M. Elliott	President, Director	6001 Indian School Rd NE Albuquerque, NM 87110
Anthony F. Misitano	Vice-President	600 Wilson Lane Mechanicsburg, PA 17055
Charles H. Gonzales	Sr. Vice-President	6001 Indian School Rd NE Albuquerque, NM 87110
Ernest A. Schofield	Sr. Vice-President, CFO	6001 Indian School Rd NE Albuquerque, NM 87110
Scot Sauder	Vice-President, Secretary	6001 Indian School Rd NE Albuquerque, NM 87110
Doug Warrick	Vice-President-Taxation	6001 Indian School Rd NE Albuquerque, NM 87110
Sean Dailey	Vice-President-Finance	6001 Indian School Rd NE Albuquerque, NM 87110
Jacquiline Gordon	Asst. Secretary	6001 Indian School Rd NE Albuquerque, NM 87110

The above Officers and Directors terms expire on September 30, 1997