

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

FILED

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.	2a. Mailing Address P.O. BOX 30078 Suite, Apt. #, etc.
22. City & State ALB, NM	27. City & State ALB, NM
23. Zip 87110	28. Zip 87190
24. Country	29. Country

4. FEI Number 59-2474483	Applied For <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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	SEE ATTACHED
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	VPS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WELSH, DEBORAH M	3.2 NAME	
STREET ADDRESS	600 WILSON LANE	3.3 STREET ADDRESS	
CITY- ST- ZIP	MECHANICSBURG PA	3.4 CITY- ST- ZIP	
TITLE	VPAS	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	VPT	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROMBERGER, SCOTT A	6.2 NAME	
STREET ADDRESS	600 WILSON LANE	6.3 STREET ADDRESS	
CITY- ST- ZIP	MECHANICSBURG PA	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**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ DAYTIME PHONE: _____

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