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

APPROVED AND FILED

95 JUN 21 AM 9:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G33435** **(0)**

1. Corporate Name

MANATEE SPRINGS NURSING CENTER, INC.

Principal Place of Business

LEGAL DEPARTMENT
5131 MASTHEAD ST., N.E.
ALBUQUERQUE NM 87109

Mailing Address

LEGAL DEPARTMENT
5131 MASTHEAD ST., N.E.
ALBUQUERQUE NM 87109

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/15/1983**

3a. Date of Last Report: **02/23/1994**

4. FEI Number: **58-1534760** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Trust Fund Corporation ☐ **$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 **FL** 85 Zip Code

11. Pursuant to the provisions of Section 607.0502 and 607.1508, Florida Statutes, the above named corporation submits the 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, Deletions (Check One)
TITLE	PD	P ☑ Change ☐ Addition
NAME	GOSMAN, ABRAHAM G.	William J. Hartigan
STREET ADDRESS	15 WALNUT ST	2101 Washington St.
CITY-ST-ZIP	WELLESLEY MA	Newton, MA 02162-1513
TITLE	AS	VP/D ☑ Change ☐ Addition
NAME	EUSTIS, ROBERT D	Andrew L. Turner
STREET ADDRESS	15 WALNUT ST	5131 Masthead NE
CITY-ST-ZIP	WELLESLEY MA	Albuquerque Nm 87109
TITLE	VS	VP/T ☑ Change ☐ Addition
NAME	MANN, RICHARD S.	Bruce D Broussard
STREET ADDRESS	15 WALNUT ST	5131 Masthead N.E.
CITY-ST-ZIP	WELLESLEY MA	Albuquerque Nm 87109
TITLE	T	VP ☑ Change ☐ Addition
NAME	LEATHERS, FREDERICK R	William C. Warrick
STREET ADDRESS	15 WALNUT ST	5131 masthead N.E.
CITY-ST-ZIP	WELLESLEY MA	Albuquerque Nm 87109
TITLE	EVD	S ☑ Change ☐ Addition
NAME	JACOBS, FREDERIC H	Nikki J. mann
STREET ADDRESS	15 WALNUT STREET	5131 Masthead NE
CITY-ST-ZIP	WELLSELEY MA	Albuquerque Nm 87109
TITLE	VD	AS ☑ Change ☐ Addition
NAME	KANE, DANIEL J.	Alan Zampini
STREET ADDRESS	15 WALNUT STREET	2101 Washington St.
CITY-ST-ZIP	WELLESLEY MA	Newton, MA 02162-1513

14. To the best of my knowledge, I certify that the information supplied with this report is complete and accurate, and that I am not qualified for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 1 or Block 2 above, or on an attachment with an address.

SIGNATURE: Nikki J Mann 6-13-95 (505) 821-3355

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Area Code & Daytime Phone Number

CR2E034 (3/95)

0103200 FN