

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 # **G33435** (0)

1. Corporation Name

MANATEE SPRINGS NURSING CENTER, INC.



Principal Place of Business

Mailing Address

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

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

3. Date Incorporated or Qualified **04/15/1983** 3a. Date of Last Report **06/21/1995**

2. Principal Place of Business
21 **101 Sun Lane**
State, Apt. #, etc.
22
City & State
23 **Albuquerque NM**
Zip
24 **87109** Country
25 **USA**
2a. Mailing Address
26 **Legal Department**
Suite, Apt. #, etc.
27 **101 Sun Lane**
City & State
28 **Albuquerque NM**
Zip
29 **87109** Country
30 **USA**

4. FEI Number **58-1534760** 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

10. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

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

(Signature by officer or printed name of registered agent and title if applicable)

(NOTE: Registered Agent's signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☒ DELETE
NAME **D GROSMAN, ABRAHAM G**
STREET ADDRESS **15 WALNUT ST.**
CITY-STATE-ZIP **WELLESLEY, MA**
TITLE ☒ DELETE
NAME **AS EUSTIS, ROBERT D**
STREET ADDRESS **15 WALNUT ST.**
CITY-STATE-ZIP **WELLESLEY, MA**
TITLE ☒ DELETE
NAME **VS LEATHERS, FREDERICK R**
STREET ADDRESS **15 WALNUT ST.**
CITY-STATE-ZIP **WELLESLEY, MA**
TITLE ☒ DELETE
NAME **EVD JACOBS, FREDERIC M**
STREET ADDRESS **15 WALNUT ST.**
CITY-STATE-ZIP **WELLESLEY, MA**
TITLE ☒ DELETE
NAME **VD KANE, DANIEL J**
STREET ADDRESS **15 WALNUT ST.**
CITY-STATE-ZIP **WELLESLEY, MA**
TITLE ☒ DELETE
NAME **VS MANN, RICHARD S**
STREET ADDRESS **15 WALNUT ST.**
CITY-STATE-ZIP **WELLESLEY, MA**

1. 1 TITLE ☒ Change ☐ Addition
NAME **D Andrew L. Turner**
12 NAME **101 Sun Lane**
13 STREET ADDRESS **Albuquerque, NM 87109**
14 CITY-STATE-ZIP
2. 1 TITLE ☒ Change ☐ Addition
NAME **P Dale Zulauf**
22 NAME **8177 Burning Tree Trail**
23 STREET ADDRESS **Franktown, CO 80116**
24 CITY-STATE-ZIP
3. 1 TITLE ☒ Change ☐ Addition
NAME **VP-T William C. Warrick**
32 NAME **101 Sun Lane**
33 STREET ADDRESS **Albuquerque, NM 87109**
34 CITY-STATE-ZIP
4. 1 TITLE ☒ Change ☐ Addition
NAME **S Nikki J. Mann**
42 NAME **101 Sun Lane**
43 STREET ADDRESS **Albuquerque, NM 87109**
44 CITY-STATE-ZIP
5. 1 TITLE ☒ Change ☐ Addition
NAME **AS Alan Zampini**
52 NAME **321 Common Wealth Rd.**
53 STREET ADDRESS **Wayland, MA 01778**
54 CITY-STATE-ZIP
6. 1 TITLE ☐ Change ☐ Addition
NAME
62 NAME
63 STREET ADDRESS
64 CITY-STATE-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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)