

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAY -1 PM 2:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **H34148** (7)

1. Corporation Name  
**MANOR CARE OF BROWARD, INC.**

Principal Place of Business: **10750 COLUMBIA PIKE SILVER SPRINGS MD 20901**  
Mailing Address: **10750 COLUMBIA PIKE SILVER SPRINGS MD 20901**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/14/1984** 3a. Date of Last Report: **05/01/1994**

4. FFI Number: **52-1410053** 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. Has corporation had liability for intangible tax under § 199.005, Florida Statutes:  Yes  No

2. Principal Place of Business	2a. Mailing Address
21	26
22	27
23	28
24	25
29	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**UNITED STATES CORPORATION COMPANY  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301**

B1	Name
B2	Street Address (P.O. Box Number is Not Acceptable)
B3	
B4	City
B5	Zip Code

**FL**

11. Pursuant to the provisions of Sections 607.0607 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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0605, Florida Statutes.

SIGNATURE

Signature of Registered Agent (if registered agent is not the corporation)

Signature of Registered Agent (if registered agent is the corporation)

Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1995	
NAME	D REMPE, JAMES H. 10750 COLUMBIA PIKE SILVER SPRINGS MD	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	VPFT MACCUTCHEON, JAMES A. 10750 COLUMBIA PIKE SILVER SPRINGS MD	2. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY & STATE	AS KEMEZYS, K. PETER 10750 COLUMBIA PIKE SILVER SPRINGS MD	3. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V ROBERTSON, JOHN 10750 COLUMBIA PIKE SILVER SPRING MD	4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	AT HICKEY, GERALD F. 10750 COLUMBIA PIKE SILVER SPRING MD	5. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY & STATE		6. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		7. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		8. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY & STATE		9. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

*See attached*

14. I, the undersigned, certify that the information supplied and the filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.005, Florida Statutes. I further certify that the information is accurate for this annual report or supplemental annual report, true and complete and that my corporation shall have the same upon offer to its stockholders. That I am an officer or a director of the corporation or the registered broker/agent named herein on this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 of this report or on a letter filed with this office.

SIGNATURE:

*Gerald F. Hickey*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Gerald F. Hickey*  
ASST. TREASURER

(30) 9004524  
DATE

SUBSIDIARY INFORMATION

NAME MANOR CARE OF BEAUMONT, INC.

H 34/48

DIRECTORS

James H. Rempe  
James A. MacCutcheon  
K. Peter Kemezys

OFFICERS

Stewart Bainum, Jr.	Chairman & Chief Executive Officer
Stewart Bainum	Vice Chairman
Donald C. Tomasso	President & Chief Operating Officer
James H. Rempe	Sr. VP, General Counsel and Secretary
James A. MacCutcheon	Sr. VP, Finance and Treasurer
Weldon R. Humphries	Sr. VP, Real Estate and Development
John P. McKenna	Sr. VP, Operations, Eastern-Southwest Division
Joseph Buckley	Sr. VP, Information Resources and Development
Wolfgang von Maack	Sr. VP, Health Services
Scott Van Hove	VP, Operations, Southeast Division
Russell W. Wilsie	Vice President
Judith Mueller	VP, Operations, Central-West Division
Richard N. Carey	VP, Finance & Development, Rehab. Services Group
Mark Gildea	VP, Marketing & Concept Development, Rehab. Services Group
Charlene McCoy	VP & General Manager, MedBridge
Donald H. Suhaka	VP, Professional Services
Alan Marsh	VP, Risk Management
William Eggbeer	VP, Marketing
Lewis C. Price	Vice President & General Manager, Residential Alzheimers Division
Wallace E. Boston, Jr.	VP, Finance
Larry R. Godin	VP, Construction
Donald E. Feltman	VP, Development
David C. Heberling	VP, Human Resources
Bruce Stabile	VP, Information Systems
Gregory D. Miller	VP, Health Planning
Margarita Schoendorfer	VP, Controller
Gerald F. Hickey	Assistant Treasurer
Leigh C. Comas	Assistant Treasurer
Everett F. Casey	Assistant Secretary
K. Peter Kemezys	Assistant Secretary
Leo H. Phillips, Jr.	Assistant Secretary

6/27/94