

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

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**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>12/14/1984</b>	3a. Date of Last Report <b>05/01/1995</b>
21	22	23	24	25	26
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number <b>52-1410053</b>	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip		Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24		25		29	
29		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>UNITED STATES CORPORATION COMPANY</b> <b>1201 HAYS STREET</b> <b>SUITE 105</b> <b>TALLAHASSEE FL 32301</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	85

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 \_\_\_\_\_ (NAME, Title or printed name of registered agent and the Corporation) (NOTE: Registered Agent signature to be written for filing) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>REMPE, JAMES H.</b>	1.2 NAME	
STREET ADDRESS	<b>10750 COLUMBIA PIKE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SILVER SPRINGS MD</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VPFT</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MACCUTCHEON, JAMES A.</b>	2.2 NAME	
STREET ADDRESS	<b>10750 COLUMBIA PIKE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SILVER SPRINGS MD</b>	2.4 CITY-ST-ZIP	
TITLE	<b>AS</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KEMEZYS, K. PETER</b>	3.2 NAME	
STREET ADDRESS	<b>10750 COLUMBIA PIKE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SILVER SPRINGS MD</b>	3.4 CITY-ST-ZIP	
TITLE	<b>V</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROBERTSON, JOHN</b>	4.2 NAME	
STREET ADDRESS	<b>10750 COLUMBIA PIKE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SILVER SPRING MD</b>	4.4 CITY-ST-ZIP	
TITLE	<b>AT</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HICKEY, GERALD F.</b>	5.2 NAME	
STREET ADDRESS	<b>10750 COLUMBIA PIKE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SILVER SPRING MD</b>	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-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)(a), 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: *Gerald F. Hickey* ASST. TREASURER  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 25 1996

CR2E034 (12/95)