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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # H34149 (5) 1. Corporation Name MANOR CARE OF BREVARD, INC.			
2. Principal Place of Business % MANOR CARE INC. 10750 COLUMBIA PIKE SILVER SPRINGS MD 20901		2a. Mailing Address % MANOR CARE INC. 10750 COLUMBIA PIKE SILVER SPRINGS MD 20901	
21. Principal Place of Business Suite, Apt. #, etc. City & State Zip		2a. Mailing Address Suite, Apt. #, etc. City & State Zip	
22. Principal Place of Business Suite, Apt. #, etc. City & State Zip		2a. Mailing Address Suite, Apt. #, etc. City & State Zip	
23. Principal Place of Business Suite, Apt. #, etc. City & State Zip		2a. Mailing Address Suite, Apt. #, etc. City & State Zip	
24. Principal Place of Business Suite, Apt. #, etc. City & State Zip		2a. Mailing Address Suite, Apt. #, etc. City & State Zip	
3. Date Incorporated or Qualified 12/14/1984 3a. Date of Last Report 05/01/1994			
4. FFI Number 52-1410055		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. Does corporation have liability for a foreign agent? (See 222.01, Florida Statutes) ☐ Yes ☐ No			
9. Name and Address of Current Registered Agent UNITED STATES CORPORATION COMPANY 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301		10. Name and Address of New Registered Agent B1. Name B2. Street Address (P.O. Box Number is Not Acceptable) B3. B4. City FL B5. Zip Code	
11. Pursuant to the provisions of Sections 607.01(1) and 607.14(1), 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 607.14(1), Florida Statutes.			
SIGNATURE _____			
12. OFFICERS AND DIRECTORS 12.1. CCEO NAME REMPE, JAMES H. STREET ADDRESS 10750 COLUMBIA PIKE CITY SILVER SPRING MD 12.2. VPFT NAME MACCUTCHEON, JAMES A. STREET ADDRESS 10750 COLUMBIA PIKE CITY SILVER SPRING MD 12.3. AS NAME KEMEZY, K. PETER STREET ADDRESS 10750 COLUMBIA PIKE CITY SILVER SPRING MD 12.4. CCEO NAME BAINUM, STEWART JR. STREET ADDRESS 10750 COLUMBIA PIKE CITY SILVER SPRING MD 12.5. VPO NAME MCKENNA, JOHN P. STREET ADDRESS 10750 COLUMBIA PIKE CITY SILVER SPRING MD 12.6. AT NAME HICKEY, GERALD F. STREET ADDRESS 17050 COLUMBIA PIKE CITY SILVER SPRING MD			
13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12 13.1. NAME ☐ Change ☐ Addition 13.2. NAME ☐ Change ☐ Addition 13.3. NAME ☐ Change ☐ Addition 13.4. NAME ☐ Change ☐ Addition 13.5. NAME ☐ Change ☐ Addition 13.6. NAME ☐ Change ☐ Addition 13.7. NAME ☐ Change ☐ Addition 13.8. NAME ☐ Change ☐ Addition 13.9. NAME ☐ Change ☐ Addition 13.10. NAME ☐ Change ☐ Addition 13.11. NAME ☐ Change ☐ Addition 13.12. NAME ☐ Change ☐ Addition 13.13. NAME ☐ Change ☐ Addition 13.14. NAME ☐ Change ☐ Addition 13.15. NAME ☐ Change ☐ Addition 13.16. NAME ☐ Change ☐ Addition 13.17. NAME ☐ Change ☐ Addition 13.18. NAME ☐ Change ☐ Addition 13.19. NAME ☐ Change ☐ Addition 13.20. NAME ☐ Change ☐ Addition 13.21. NAME ☐ Change ☐ Addition 13.22. NAME ☐ Change ☐ Addition 13.23. NAME ☐ Change ☐ Addition 13.24. NAME ☐ Change ☐ Addition 13.25. NAME ☐ Change ☐ Addition 13.26. NAME ☐ Change ☐ Addition 13.27. NAME ☐ Change ☐ Addition 13.28. NAME ☐ Change ☐ Addition 13.29. NAME ☐ Change ☐ Addition 13.30. NAME ☐ Change ☐ Addition 13.31. NAME ☐ Change ☐ Addition 13.32. NAME ☐ Change ☐ Addition 13.33. NAME ☐ Change ☐ Addition 13.34. NAME ☐ Change ☐ Addition 13.35. NAME ☐ Change ☐ Addition 13.36. NAME ☐ Change ☐ Addition 13.37. NAME ☐ Change ☐ Addition 13.38. NAME ☐ Change ☐ Addition 13.39. NAME ☐ Change ☐ Addition 13.40. NAME ☐ Change ☐ Addition 13.41. NAME ☐ Change ☐ Addition 13.42. NAME ☐ Change ☐ Addition 13.43. NAME ☐ Change ☐ Addition 13.44. NAME ☐ Change ☐ Addition 13.45. NAME ☐ Change ☐ Addition 13.46. NAME ☐ Change ☐ Addition 13.47. NAME ☐ Change ☐ Addition 13.48. NAME ☐ Change ☐ Addition 13.49. NAME ☐ Change ☐ Addition 13.50. NAME ☐ Change ☐ Addition 13.51. NAME ☐ Change ☐ Addition 13.52. NAME ☐ Change ☐ Addition 13.53. NAME ☐ Change ☐ Addition 13.54. NAME ☐ Change ☐ Addition 13.55. NAME ☐ Change ☐ Addition 13.56. NAME ☐ Change ☐ Addition 13.57. NAME ☐ Change ☐ Addition 13.58. NAME ☐ Change ☐ Addition 13.59. NAME ☐ Change ☐ Addition 13.60. NAME ☐ Change ☐ Addition 13.61. NAME ☐ Change ☐ Addition 13.62. NAME ☐ Change ☐ Addition 13.63. NAME ☐ Change ☐ Addition 13.64. NAME ☐ Change ☐ Addition 13.65. NAME ☐ Change ☐ Addition 13.66. NAME ☐ Change ☐ Addition 13.67. NAME ☐ Change ☐ Addition 13.68. NAME ☐ Change ☐ Addition 13.69. NAME ☐ Change ☐ Addition 13.70. NAME ☐ Change ☐ Addition 13.71. NAME ☐ Change ☐ Addition 13.72. NAME ☐ Change ☐ Addition 13.73. NAME ☐ Change ☐ Addition 13.74. NAME ☐ Change ☐ Addition 13.75. NAME ☐ Change ☐ Addition 13.76. NAME ☐ Change ☐ Addition 13.77. NAME ☐ Change ☐ Addition 13.78. NAME ☐ Change ☐ Addition 13.79. NAME ☐ Change ☐ Addition 13.80. NAME ☐ Change ☐ Addition 13.81. NAME ☐ Change ☐ Addition 13.82. NAME ☐ Change ☐ Addition 13.83. NAME ☐ Change ☐ Addition 13.84. NAME ☐ Change ☐ Addition 13.85. NAME ☐ Change ☐ Addition 13.86. NAME ☐ Change ☐ Addition 13.87. NAME ☐ Change ☐ Addition 13.88. NAME ☐ Change ☐ Addition 13.89. NAME ☐ Change ☐ Addition 13.90. NAME ☐ Change ☐ Addition 13.91. NAME ☐ Change ☐ Addition 13.92. NAME ☐ Change ☐ Addition 13.93. NAME ☐ Change ☐ Addition 13.94. NAME ☐ Change ☐ Addition 13.95. NAME ☐ Change ☐ Addition 13.96. NAME ☐ Change ☐ Addition 13.97. NAME ☐ Change ☐ Addition 13.98. NAME ☐ Change ☐ Addition 13.99. NAME ☐ Change ☐ Addition 13.100. NAME ☐ Change ☐ Addition			
14. I, the undersigned, certify that the information required with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 607.01(1), Florida Statutes. I further certify that the information was filed on this report or supplemental annual report as true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the registered agent or foreign agent named in this report as required by Chapter 607, Florida Statutes, and that my name appears in block 1, on block 1, of the report or on an other form with an address.			
SIGNATURE: <i>Gerald F. Hickey</i> Gerald F. Hickey (301) 945-4822 PRINTED AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR ASUREE			

SUBSIDIARY INFORMATION

NAME MANOR CARE OF BREVARD, INC.

H34149

DIRECTORS

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

OFFICERS

Stewart Bainum, Jr.
Stewart Bainum
Donald C. Tomasso
James H. Rempe
James A. MacCutcheon
Weldon R. Humphries
John P. McKenna

Joseph Buckley

Wolfgang von Maack
Scott Van Hove
Russell W. Wilsie
Judith Mueller
Richard N. Carey

Mark Gildea

Charlene McCoy
Donald H. Suhaka
Alan Marsh
William Eggbeer
Lewis C. Price

Wallace E. Boston, Jr.
Larry R. Goda
Donald E. Feltman
David C. Heberling
Bruce Stabile
Gregory D. Miller
Margarita Schoendorfer
Gerald F. Hickey
Leigh C. Comas
Everett F. Casey
K. Peter Kemezys
Leo H. Phillips, Jr.

Chairman & Chief Executive Officer
Vice Chairman
President & Chief Operating Officer
Sr. VP, General Counsel and Secretary
Sr. VP, Finance and Treasurer
Sr. VP, Real Estate and Development
Sr. VP, Operations, Eastern-Southwest
Division
Sr. VP, Information Resources
and Development
Sr. VP, Health Services
VP, Operations, Southeast Division
Vice President
VP, Operations, Central-West Division
VP, Finance & Development, Rehab.
Services Group
VP, Marketing & Concept Development,
Rehab. Services Group
VP & General Manager, MedBridge
VP, Professional Services
VP, Risk Management
VP, Marketing
Vice President & General Manager,
Residential Alzheimers Division
VP, Finance
VP, Construction
VP, Development
VP, Human Resources
VP, Information Systems
VP, Health Planning
VP, Controller
Assistant Treasurer
Assistant Treasurer
Assistant Secretary
Assistant Secretary
Assistant Secretary

6/27/94