FILE NOW: FILING FEE AFTER I	MAY 1 IS \$225.00
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PROFIT
CORPORATION
ANNUAL REPORT



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

1996

SIGNATURE:

1. Corporatio	MENT # H3414 OR CARE OF BREVARD, IN		,	i Jeriahi engo mom anrak menta	iadad adal dadal dadal da	EN SATA SIBN GIBN HA
Principal Place	e of Business	Mailing Address				
10750 CO	r Care inc. Lumbia pike Prings MD 20901	% MANOR CARE II 10750 COLUMBIA I SILVER SPRINGS I	PIKE	3. Date Incorporated or Qualified	3a. Date of La	ast Report
2 Principal D	ace of Business	T.0		12/14/1984		1/1995
r. Filinciparei	ace or Business	2a. Mailing Address		4. FEI Number 52-1410055		Applied For
Suite, Apt.	#, etc.	Suite, Apt #, etc.			\$8	Not Applicable 75 Additional
2		27		5. Certificate of Status Desired	1 1	Fee Required
City & State	Ģ	City & State		6. Election Campaign Financing	\$:	5.00 May Be
Zip	Country	7 _{IP}	Country	Trust Fund Contribution		dded to Fees
ק <u>-</u>	25	29	Country 30	8. This corporation has liability for Florida Statutes		ers 199.032,
	9. Name and Address of Current			10. Name and Address of New F	~~ · · · ·	<u> </u>
			81 Name			
1201 I SUITE	D States Corporation Comi Hays Street 105 Hassee FL 32301	PANY	83	dress (P.O. Box Number is Not Acceptab	185	Zip Code
1. Pursuant to	to the provisions of Sections 607.0502 ed agont, or both in the State of Florid		iles, the above-named como	oration submits this statement for the pur and of directors. Thereby accept the appo		
Pursuant to or register familiar will signature: Communication Commu	to the provisions of Sections 607.0502 ed agont, or both, in the State of Florida, and accept the obligations of, Section Section of the breaking of the breaking of the breaking of the CERS AND	on 607.0505. Florida Stalute	iles, the above-named como	and or orrectors. I hereby accept the appoint	rpose of changing ointment as registe	its registered offici ered agent. I am
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AGGT. TREASURER

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