

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 # H34149 (5)

1. Corporation Name

MANOR CARE OF BREVARD, INC.

Principal Place of Business

% MANOR CARE INC.
10750 COLUMBIA PIKE
SILVER SPRINGS MD 20901

Mailing Address

% MANOR CARE INC.
10750 COLUMBIA PIKE
SILVER SPRINGS MD 20901



| | |
|---|---------------------------------------|
| 3. Date Incorporated or Qualified 12/14/1984 | 3a. Date of Last Report 05/01/1995 |
| 4. FEI Number 52-1410055 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

| | |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. |
| 22 City & State | 27 City & State |
| 23 Zip | 28 Zip |
| 24 Country | 29 Country |
| 25 | 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

| | |
|---|-------------|
| 81 Name | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 City | FL |

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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 typed or printed name of registered agent or officer or director

DATE Registered Agent Signature required when reappointing

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-----------------------|---|---|
| TITLE | CCEO | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | REMPE, JAMES H. | 1.2 NAME | |
| STREET ADDRESS | 10750 COLUMBIA PIKE | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | SILVER SPRING MD | 1.4 CITY-ST-ZIP | |
| TITLE | VPFT | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MACCUTCHEON, JAMES A. | 2.2 NAME | |
| STREET ADDRESS | 10750 COLUMBIA PIKE | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | SILVER SPRING MD | 2.4 CITY-ST-ZIP | |
| TITLE | AS | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KEMEZYS, K. PETER | 3.2 NAME | |
| STREET ADDRESS | 10750 COLUMBIA PIKE | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | SILVER SPRING MD | 3.4 CITY-ST-ZIP | |
| TITLE | CCEO | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BAINUM, STEWART JR. | 4.2 NAME | |
| STREET ADDRESS | 10750 COLUMBIA PIKE | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | SILVER SPRING MD | 4.4 CITY-ST-ZIP | |
| TITLE | VPO | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MCKENNA, JOHN P. | 5.2 NAME | |
| STREET ADDRESS | 10750 COLUMBIA PIKE | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | SILVER SPRING MD | 5.4 CITY-ST-ZIP | |
| TITLE | AT | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HICKEY, GERALD F. | 6.2 NAME | |
| STREET ADDRESS | 17050 COLUMBIA PIKE | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | SILVER SPRING MD | 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)(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

ASST. TREASURER

APR 25 1996

CR2E034 (12/95)