

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 15 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
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 20901-4427



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 26 27 28 29 30

2a. Mailing Address

26 Suite, Apt. #, etc.  
11555 DARNESTOWN RD.  
GAITHERSBURG, MD 20878-3200

28 Zip Country

3. Date Incorporated or Qualified

12/14/1984

3a. Date of Last Report

05/01/1996

4. FEI 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

8. This corporation has liability for intangible tax under s. 199.032,  
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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CCEO	<input type="checkbox"/> DELETE
NAME	REMPE, JAMES H.	
STREET ADDRESS	10750 COLUMBIA PIKE	
CITY - ST - ZIP	SILVER SPRING MD	
TITLE	VPFT	<input checked="" type="checkbox"/> DELETE
NAME	MAGGUTCHEON, JAMES A.	
STREET ADDRESS	10750 COLUMBIA PIKE	
CITY - ST - ZIP	SILVER SPRING MD	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	KEMEZYS, K. PETER	
STREET ADDRESS	10750 COLUMBIA PIKE	
CITY - ST - ZIP	SILVER SPRING MD	
TITLE	CCEO	<input type="checkbox"/> DELETE
NAME	BAINUM, STEWART JR.	
STREET ADDRESS	10750 COLUMBIA PIKE	
CITY - ST - ZIP	SILVER SPRING MD	
TITLE	VPO	<input type="checkbox"/> DELETE
NAME	MCKENNA, JOHN P.	
STREET ADDRESS	10750 COLUMBIA PIKE	
CITY - ST - ZIP	SILVER SPRING MD	
TITLE	AT	<input checked="" type="checkbox"/> DELETE
NAME	HICKEY, GERALD F.	
STREET ADDRESS	17050 COLUMBIA PIKE	
CITY - ST - ZIP	SILVER SPRING MD	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	See Amendment	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	11555 DARNESTOWN RD.	
1.3 STREET ADDRESS	GAITHERSBURG, MD 20878-3200	
1.4 CITY - ST - ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

*Sign C. Comar*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0497725

CR2E034 (9/96)