

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 # H34160 (2)

1. Corporation Name

MANOR CARE OF DADE, 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



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

24

9. Name and Address of Current Registered Agent

UNITED STATES CORPORATION COMPANY  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301

81

Name

82

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

83

84

City

FL

85

Zip Code

3. Date Incorporated or Qualified

12/14/1984

3a. Date of Last Report

05/01/1995

4. FEI Number

52-1410007

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

10. Name and Address of New Registered Agent

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, by the president or registered agent, if not applicable

Signature, by the registered agent, if not applicable

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VPGS

REMPE, JAMES H.

10750 COLUMBIA PIKE

SILVER SPRING MD

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VPFT

MACCUTCHEON, JAMES A.

10750 COLUMBIA PIKE

SILVER SPRING MD

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

AS

KEMEZYS, K. PETER

10750 COLUMBIA PIKE

SILVER SPRING MD

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VP

BUCKLEY, JOSEPH

10750 COLUMBIA PIKE

SILVER SPRING MD

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VPGM

PRICE, LEWIS

10750 COLUMBIA PIKE

SILVER SPRING MD

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

AT

HICKEY, GERALD F.

10750 COLUMBIA PIKE

SILVER SPRING MD

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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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:

*Gerald F. Hickey*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ASST. TREASURER

APR 25 1996

Date

Daytime Phone #

CR2E034 (12/95)