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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

10750 COLUMBIA PIKE SILVER SPRINGS MD 20901

2. Principal Place of Business

1201 HAYS STREET

TALLAHASSEE FL 32301

SUITE 105

Suite, Apt. #, etc.

City & State

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24

% MANOR CARE INC.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H34160

Country

UNITED STATES CORPORATION COMPANY

9. Name and Address of Current Registered Agent

10750 COLUMBIA PIKE SILVER SPRINGS MD 20901-4427

Mailing Address % MANOR CAREJING

2a. Mailing Address

Suite, Apt. #, etc.

WITHERS BURIS,

29

565 DARNESTOWN RD

MANOR CARE OF DADE, INC.

FILED May 15 1997 8:00am Secretary of State

3. Date Incorporated or Qualified 12/14/1984	3a. Date of Last Report 05/01/1996			
4. FEI Number	Applied For			
52-1410007	Not Applicable			
5. Certificate of Status Desired	\$8.75 Additional Fee Required			

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

10. Name and Address of New Registered Agent

Yes No

Election Campaign Financing

Trust Fund Contribution

Florida Statutes

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

\$5.00 May Be

Added to Fees

84 City 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, and accept the obligations of. Section 607.0505. Florida Statutes.

Country

81 Name

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SIGNATURE						
	Signature, Typed or professional of registered agent and file	le Lappicable. (NOT	Registered Agent signature red	,	DATE	
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIREC		
TILL	VPGS	☐ DELETE	1.1 TITL E	Car Augus	Change	Addition
NAME	REMPE, JAMES H.		1.2 NAME	SEE AMERICANT		
STREET ADDRESS	10750 COLUMBIA PIKE		1.3 STREET ADDRESS	11055 DARNESTOWN R	ń.	
CDY-ST-2#	SILVER SPRING MD		1.4 CITY - ST - ZIP	ያን ፈመስ ይመው የተመጠመው የተመጠመው ነው። የመስ ለማስ ያስመው የተመጠመው የመጠመው	። ነው ነው ነው የአስተው ነው	
TITLE	VPFT	DELETE	2.1 TITLE	CATHERSOURC, NO 21	BIODICKN.	Addition
NAME	MACCUTCHEON, JAMES A.		2.2 NAME		1	
STEET ASSOCIASS	10750 COLUMBIA PIKE		2 3 STREFT ADDRESS	·	ľ	
CHY-S1 ZIP	SILVER SPRING MD		2. 4 CITY-ST-ZIP			
TULE	AS	DELETE	3.1 TITLE		Change	Addition
NAME	KEMEZYS, K. PETER		3.2 NAME]	
STREET ADDRESS	10750 COLUMBIA PIKE		3.3 STREET ADDRESS		<u> </u>	
COY-SI-ZIP	SILVER SPRING MD		3.4. CITY-ST-ZIP			
1016	VP	DELETE	4.1 TITLE		Change	Addition
MME	BUCKLEY, JOSEPH		4. 2 NAME		ţ	
STREET ADDRESS.	10750 COLUMBIA PIKE		4.3 STREET ADDRESS			
CHY+S1+ZiP	SILVER SPRING MD		4.4 CITY-ST-ZIP		1	
TECE	VPGM	DELETE	5 1 TITLE		Change	Addition
NAME	PRICE, LEWIS		5 2 NAME		1	
STREET ADDRESS	10750 COLUMBIA PIKE		5 3 STREET ADDRESS		}	
CITY-S1-Zie	SILVER SPRING MD		5 4 CITY-ST-ZIP			
TITLE	AT	DELETE	6.1 TITLE		☐ Change	Addition
NAME	HICKEY, GERALD F.		6.2 NAME		1	
STREET ADDRESS	10750 COLUMBIA PIKE		6.3 STREET ADDRESS		1/	
esty or our	SILVER SPRING MD		6.4 CITY - \$1 - 7IP		١V	

14. If 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:

Comar

Daytime Phone #