

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 10:15

DOCUMENT # **H34174** (3)

1. Corporation Name
MANOR CARE OF LEE, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
**% MANOR CARE INC.
10750 COLUMBIA PIKE
SILVER SPRING MD 20901**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/14/1984	3a. Date of Last Report 05/01/1994
4. FEI Number 52-1410134	Applied For <input type="checkbox"/> 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. The corporation has liability for intangible tax under S. 199 (192 Florida Statutes) <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip	29 Zip
25 Country	30 Country

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

B1 Name	B5 Zip Code
B2 Street Address (P.O. Box Number is Not Acceptable)	FL
B3	
B4 City	

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 _____ (Typed, printed or printed name of registered agent and title, last name first) (NOTE: Registered Agent signature required when registering) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	VPGS
NAME	REMPE, JAMES H.
STREET ADDRESS	10750 COLUMBIA PIKE
CITY, ST, ZIP	SILVER SPRING MD
TITLE	VPFT
NAME	MACCUTCHEON, JAMES A.
STREET ADDRESS	10750 COLUMBIA PIKE
CITY, ST, ZIP	SILVER SPRING MD
TITLE	D
NAME	KEMEZYS, K. PETER
STREET ADDRESS	10750 COLUMBIA PIKE
CITY, ST, ZIP	SILVER SPRING MD
TITLE	CCEO
NAME	BAINUM, STEWART JR.
STREET ADDRESS	10750 COLUMBIA PIKE
CITY, ST, ZIP	SILVER SPRING MD
TITLE	SVPO
NAME	MCKENNA, JOHN P.
STREET ADDRESS	10750 COLUMBIA PIKE
CITY, ST, ZIP	SILVER SPRING MD
TITLE	AT
NAME	HICKEY, GERALD F.
STREET ADDRESS	10750 COLUMBIA PIKE
CITY, ST, ZIP	SILVER SPRING MD

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	<i>See attached</i>
24 CITY, ST, ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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)(b), 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 of this report, or on an attachment with an address.

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

Gerald F. Hickey (201) 905-4524
ASST. TREASURER

SUBSIDIARY INFORMATION

NAME MANOR CARE OF LEE, INC.

434174

DIRECTORS

James H. Rempe
James A. MacCutcheon
K. Peter Kemezys

OFFICERS

Stewart Bainum, Jr.
Stewart Bainum
Donald C. Tomasso
James H. Rempe
James A. MacCutcheon
Weldon R. Humphries
John P. McKenna

Joseph Buckley

Wolfgang von Maack
Scott Van Hove
Russell W. Wilsie
Judith Mueller
Richard N. Carey

Mark Gildea

Charlene McCoy
Donald H. Suhaka
Alan Marsh
William Eggbeer
Lewis C. Price

Wallace E. Boston, Jr.

Larry R. Godin
Donald E. Feltman
David C. Heberling
Bruce Stabile
Gregory D. Miller
Margarita Schoendorfer
Gerald F. Hickey
Leigh C. Comas
Everett F. Casey
K. Peter Kemezys
Leo H. Phillips, Jr.

Chairman & Chief Executive Officer
Vice Chairman
President & Chief Operating Officer
Sr. VP, General Counsel and Secretary
Sr. VP, Finance and Treasurer
Sr. VP, Real Estate and Development
Sr. VP, Operations, Eastern-Southwest
Division
Sr. VP, Information Resources
and Development
Sr. VP, Health Services
VP, Operations, Southeast Division
Vice President
VP, Operations, Central-West Division
VP, Finance & Development, Rehab.
Services Group
VP, Marketing & Concept Development,
Rehab. Services Group
VP & General Manager, MedBridge
VP, Professional Services
VP, Risk Management
VP, Marketing
Vice President & General Manager,
Residential Alzheimers Division
VP, Finance
VP, Construction
VP, Development
VP, Human Resources
VP, Information Systems
VP, Health Planning
VP, Controller
Assistant Treasurer
Assistant Treasurer
Assistant Secretary
Assistant Secretary
Assistant Secretary

6/27/94