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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 # **H34174** (3)
 1. Corporation Name
MANOR CARE OF LEE, INC.



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

Mailing Address: **% MANOR CARE INC. 10750 COLUMBIA PIKE SILVER SPRING MD 20901-4427**

2. Principal Place of Business: **21** Suite, Apt. #, etc. **22** City & State: **23** Zip: **24** Country: **25**

2a. Mailing Address: **26** Suite, Apt. #, etc. **27** City & State: **28** Zip: **29** Country: **30**

11555 DARNESTOWN RD. GAITHERSBURG, MD 20878-3200

3. Date Incorporated or Qualified: **12/14/1984**

3a. Date of Last Report: **05/01/1996**

4. FEI Number: **52-1410134**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	VPQS	<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	MACCUTCHEON, JAMES A.	
STREET ADDRESS	10750 COLUMBIA PIKE	
CITY-ST-ZIP	SILVER SPRING MD	
TITLE	D	<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	SVPO	<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	10750 COLUMBIA PIKE	
CITY-ST-ZIP	SILVER SPRING MD	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change Addition

SEE ATTACHMENT

11555 DARNESTOWN RD. GAITHERSBURG, MD 20878-3200

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

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: Jeff Cloman DATE: _____ DAYTIME PHONE #: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)