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Apr 28 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 # **L81709** (2)

1. Corporation Name
YORK HANNOVER NURSING CENTERS, INC.

Principal Place of Business	Mailing Address
2 SOUTH ST. SUITE 360 PITTSFIELD MA 01201 US	S SOUTH ST. SUITE 360 PITTSFIELD MA 01201-6123 US

3. Date Incorporated or Qualified: 06/20/1990
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
21 75 South Church Street
Suite, Apt. #, etc.
22 Suite 650
City & State
23 Pittsfield, MA
Zip 24 01201 Country 25 USA

2a. Mailing Address
26 75 South Church Street
Suite, Apt. #, etc.
27 Suite 650
City & State
28 Pittsfield, MA 01201
Zip 29 01201 Country 30 USA

4. FEI Number: 59-3019843 ☐ 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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	CLARKE, THOMAS M.		1.2 NAME	
STREET ADDRESS	2 SOUTH ST., SUITE 360		1.3 STREET ADDRESS	75 South Church St., Suite 650
CITY-ST-ZIP	PITTSFIELD MA		1.4 CITY-ST-ZIP	Pittsfield, MA 01201
TITLE	TSD	☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	CLARKE, LINDA M.		2.2 NAME	
STREET ADDRESS	2 SOUTH ST., SUTIE 360		2.3 STREET ADDRESS	75 South Church Street, Suite 650
CITY-ST-ZIP	PITTSFIELD MA		2.4 CITY-ST-ZIP	Pittsfield, MA 01201
TITLE	D	☐ DELETE	3.1 TITLE	☒ Change ☐ Addition
NAME	CUMMINGS, LAWRENCE B.		3.2 NAME	
STREET ADDRESS	250 ROYAL PALM WAY, SUITE 202		3.3 STREET ADDRESS	250 Royal Palm Way, Suite 205
CITY-ST-ZIP	PALM BEACH FL		3.4 CITY-ST-ZIP	Palm Beach, FL 33480
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	CUMMINGS, ARMORY		4.2 NAME	
STREET ADDRESS	311 S. WACKER DRIVE		4.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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 _____ Linda M. Clarke, Sec/Treasurer 4/18/97 (413)448-2111