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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	CLARKE, THOMAS M.	
STREET ADDRESS	2 SOUTH ST., SUITE 360	
CITY-ST-ZIP	PITTSFIELD MA	
TITLE	TSD	☐ DELETE
NAME	CLARKE, LINDA M.	
STREET ADDRESS	2 SOUTH ST., SUTIE 360	
CITY-ST-ZIP	PITTSFIELD MA	
TITLE	D	☐ DELETE
NAME	CUMMINGS, LAWRENCE B.	
STREET ADDRESS	250 ROYAL PALM WAY, SUITE 202	
CITY-ST-ZIP	PALM BEACH FL	
TITLE	D	☐ DELETE
NAME	CUMMINGS, ARMORY	
STREET ADDRESS	311 S. WACKER DRIVE	
CITY-ST-ZIP	CHICAGO IL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS	75 South Church St., Suite 650	
1.4 CITY-ST-ZIP	Pittsfield, MA 01201	
2.1 TITLE		☒ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS	75 South Church Street, Suite 650	
2.4 CITY-ST-ZIP	Pittsfield, MA 01201	
3.1 TITLE		☒ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS	250 Royal Palm Way, Suite 205	
3.4 CITY-ST-ZIP	Palm Beach, FL 33480	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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

CR2E034 (9/96)