

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P14602 (7)

1. Corporation Name

MANOR LIVING CENTERS, INC.

Principal Place of Business

10750 COLUMBIA PIKE
SILVER SPRING MD 20901-4427

Mailing Address

10750 COLUMBIA PIKE
SILVER SPRING MD 20901-4427



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

05/27/1987

3a. Date of Last Report

05/01/1995

4. FEI Number

52-1465781

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

THE PRENTICE-HALL CORPORATION SYSTEM INC.
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

Signature typed or printed name of registered agent and the corporation

Signature typed or printed name of registered agent and the corporation

DATE

OFFICERS AND DIRECTORS

TITLE SVP
NAME MACCUTCHEON, JAMES A.
STREET ADDRESS 10750 COLUMBIA PIKE
CITY - ST - ZIP SILVER SPRING MD ☐ DELETE

TITLE AS
NAME CASEY, EVERETT F.
STREET ADDRESS 10750 COLUMBIA PIKE
CITY - ST - ZIP SILVER SPRING MD ☐ DELETE

TITLE PCEO
NAME BAINUM, STEWART JR
STREET ADDRESS 10750 COLUMBIA PIKE
CITY - ST - ZIP SILVER SPRING MD ☐ DELETE

TITLE VC
NAME BAINUM, STEWART SR
STREET ADDRESS 10750 COLUMBIA PIKE
CITY - ST - ZIP SILVER SPRING MD ☐ DELETE

TITLE CCEO
NAME BAINUM JR., STEWART
STREET ADDRESS 10750 COLUMBIA PIKE
CITY - ST - ZIP SILVER SPRING MD ☐ DELETE

TITLE AT
NAME HICKEY, GERALD F
STREET ADDRESS 10750 COLUMBIA PIKE
CITY - ST - ZIP SILVER SPRING MD ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR

ASST. TREASURER
ASST. TREASURER

APR 24 1996

System Print

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