

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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
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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
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 05/27/1987	3a. Date of Last Report 05/01/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 52-1465781	Applied For Not Applicable
22. City & State	27. City & State 11555 DARNESTOWN RD. GAITHERSBURG, MD 20878-3200	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE SVP	<input checked="" type="checkbox"/> DELETE	1.1 TITLE
NAME MAGGUTCHEON, JAMES A.		1.2 NAME
STREET ADDRESS 10750 COLUMBIA PIKE		1.3 STREET ADDRESS
CITY-ST-ZIP SILVER SPRING MD		1.4 CITY-ST-ZIP
TITLE AS	<input type="checkbox"/> DELETE	2.1 TITLE
NAME CASEY, EVERETT F.		2.2 NAME
STREET ADDRESS 10750 COLUMBIA PIKE		2.3 STREET ADDRESS
CITY-ST-ZIP SILVER SPRING MD		2.4 CITY-ST-ZIP
TITLE PCEO	<input type="checkbox"/> DELETE	3.1 TITLE
NAME BAINUM, STEWART JR		3.2 NAME
STREET ADDRESS 10750 COLUMBIA PIKE		3.3 STREET ADDRESS
CITY-ST-ZIP SILVER SPRING MD		3.4 CITY-ST-ZIP
TITLE VC	<input type="checkbox"/> DELETE	4.1 TITLE
NAME BAINUM, STEWART SR		4.2 NAME
STREET ADDRESS 10750 COLUMBIA PIKE		4.3 STREET ADDRESS
CITY-ST-ZIP SILVER SPRING MD		4.4 CITY-ST-ZIP
TITLE CCEO	<input type="checkbox"/> DELETE	5.1 TITLE
NAME BAINUM JR., STEWART		5.2 NAME
STREET ADDRESS 10750 COLUMBIA PIKE		5.3 STREET ADDRESS
CITY-ST-ZIP SILVER SPRING MD		5.4 CITY-ST-ZIP
TITLE AT	<input checked="" type="checkbox"/> DELETE	6.1 TITLE
NAME HICKEY, GERALD F.		6.2 NAME
STREET ADDRESS 10750 COLUMBIA PIKE		6.3 STREET ADDRESS
CITY-ST-ZIP SILVER SPRING MD		6.4 CITY-ST-ZIP

SEE ATTACHMENT

11555 DARNESTOWN RD.
 GAITHERSBURG, MD 20878-3200

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: Lyft Clomas _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)