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PROFIT CORPORATION ANNUAL REPORT

1997

Pand pal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P14602

(7)

Mailing Address

MANOR LIVING CENTERS, INC.

FILED
May 15 1997 8:00am
Secretary of State

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10750 COLUM SILVER SPRIM	ABIA PIKE NG MD 20901-4427	10750 COLUMBIA PIKE SILVER SPRING MD 20901	4427		
				3. Date Incorporated or Qualified 05/27/1987	3a. Date of Last Report 05/01/1996
2. Principal I	Ptace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		52-1465781	Not Applicable
Suite, Apt 22		Suito, Apt #, etc.	LIM COSS	5. Certificate of Status Desired	\$8.75 Additional Fee Required
Oity & Sta 23	A LA SECULA DE LA CASTA DE TENTA DE ANALAMATE DE TENTA DE LA CASTA DEL CASTA DE LA CASTA DE LA CASTA DEL CASTA DE LA CASTA DEL CASTA DEL CASTA DE LA CASTA DEL CASTA DE LA CAS	1155 CHASHU STOV GARTINI SBURG. N	10 20678-3200	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Ζιρ 24	Country 25	Z(p	Country 30	This corporation has liability for in Florida Statutes	ntangible tax under s. 199.032, Yes No
******	9. Name and Address of Cur	rent Registered Agent		10. Name and Address of New Rec	Jistered Agent
TH	E PRENTICE-HALL CORPORAT	TON SYSTEM INC.	81 Name		
	01 HAYS STREET NTE 105		82 Street Add	dress (P.O. Box Number is Not Acceptable	le)
	LLAHASSEE FL 32301		83		
			84 City		FL 85 Zip Code
office or	registered agent, or both, in the St am familiar with land accept the of	late of Florida Such change was a oligations of, Section 607,0505, Flo	authorized by the corpora orida Statutes.	poration submits this statement for the pi ation's board of directors. I hereby accep	t the appointment as registered
	Styrciture, typed or privled name of registered		E: Registered Agent signature requ		DATE
12.	SVP	AND DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFIC	Change Addition
NAME	- MACCUTCHEON, JAMES A		12 NAME	11555 DARNESTOWN	
STREET ADORESS	TARRA GALLILABIA BILIF	•	13 STREET ADDRESS		
CHY-S1 Zir	SILVER SPRING MD		14 CfTY-ST-ZiP	CAMICACAMPUTES, SEL	20978-3200
<u></u>	AS	DELETE	21 TITLE	7	Change Addition
NAME	CASEY, EVERETT F.		2.2 NAME	· ·	
STREET ADDRESS	ANDRE COLLINSON DIVE		2.3 STREET ADDRESS		
CHY-ST-72	SILVER SPRING MD		2. 4 CITY - ST - ZIP	1	
Tillf	PCE0	DELETE	3.1 TITLE		Change Addition
NAME	BAINUM, STEWART JR				C Orlange C Monton
STREET ACORESS	Digitorii Olettrati bit		3.2 NAME		CT Greatigo CT Magnion
2 MALC L MODALOG	40 001111014 011/2		3.2 NAME 3.3 STREET ADDRESS		C offerigo C Administ
COVISE 76					Change Addition
	10750 COLUMBIA PIKE	DELETE	3.3 STREET ADDRESS		Change Addition
COA SE VE	10750 COLUMBIA PIKE SILVER SPRING MD	DELETE	3.3 STREET ADDRESS 3.4. CITY - ST - ZIP		
COVISE 765 TOLE	10750 COLUMBIA PIKE SILVER SPRING MD VC BAINUM, STEWART SR	☐ DELETE	3.3 STREET ADDRESS 3.4. CITY - ST - ZIP 4.1 TITLE		
COVISE 765 TIFLE NAME	10750 COLUMBIA PIKE SILVER SPRING MD VC BAINUM, STEWART SR 10750 COLUMBIA PIKE SILVER SPRING MD	_	3.3 STREET ADDRESS 3.4. CITY- ST-ZIP 4.1 TITLE 4. 2 NAME		Change Addition
COV SEZO THUE NAME STREET ADDRESS	10750 COLUMBIA PIKE SILVER SPRING MD VC BAINUM, STEWART SR 10750 COLUMBIA PIKE SILVER SPRING MD CCEO	☐ DELETE	3.3 STREET ADDRESS 3.4. CITY- ST-ZIP 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS		
COM SE ZO THUE NAME STREET ANDRESS COM SE ZO	10750 COLUMBIA PIKE SILVER SPRING MD VC BAINUM, STEWART SR 10750 COLUMBIA PIKE SILVER SPRING MD CCEO BAINUM JR., STEWART	_	3.3 STREET ADDRESS 3.4. CITY- ST-ZIP 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		Change Addition
COY SE 7/2 THE NAME STREET ADDRESS COY SE 7/2 TORE	10750 COLUMBIA PIKE SILVER SPRING MD VC BAINUM, STEWART SR 10750 COLUMBIA PIKE SILVER SPRING MD CCEO BAINUM JR., STEWART 10750 COLUMBIA PIKE	_	3.3 STREET ADDRESS 3.4. CITY - ST-ZIP 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST-ZIP 5.1 TITLE		Change Addition
COM SE 765 THUE NAME STREET ANDRESS COM SE 765 THUE NAME	10750 COLUMBIA PIKE SILVER SPRING MD VC BAINUM, STEWART SR 10750 COLUMBIA PIKE SILVER SPRING MD CCEO BAINUM JR., STEWART	DELETE	3.3 STREET ADDRESS 3.4. CITY - ST - ZIP 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME		Change Addition
COM SE 7/2 THUE NAME STREET ADDRESS COM SE 7/2 THRE NAME STREET ADDRESS	10750 COLUMBIA PIKE SILVER SPRING MD VC BAINUM, STEWART SR 10750 COLUMBIA PIKE SILVER SPRING MD CCEO BAINUM JR., STEWART 10750 COLUMBIA PIKE SILVER SPRING MD	_	3.3 STREET ADDRESS 3.4. CITY- ST-ZIP 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY- ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS		Change Addition
COM SE 7/2 THUE NAME STREET ADDRESS COM SE 7/2 TRUE NAME STREET ADDRESS COM ST 7/2	10750 COLUMBIA PIKE SILVER SPRING MD VC BAINUM, STEWART SR 10750 COLUMBIA PIKE SILVER SPRING MD CCEO BAINUM JR., STEWART 10750 COLUMBIA PIKE SILVER SPRING MD AT HICKEY, GERALD F	DELETE	3.3 STREET ADDRESS 3.4. CITY - ST - ZIP 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP		☐ Change ☐ Addition☐ Change ☐ Addition☐
COVISE 765 NAME STREET ADDRESS COVISE 265 THEE NAME STREET ADDRESS COVISE 365 THEE	10750 COLUMBIA PIKE SILVER SPRING MD VC BAINUM, STEWART SR 10750 COLUMBIA PIKE SILVER SPRING MD CCEO BAINUM JR., STEWART 10750 COLUMBIA PIKE SILVER SPRING MD AT HICKEY, GERALD F	DELETE	3.3 STREET ADDRESS 3.4. CITY- ST-ZIP 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY- ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY- ST-ZIP 6.1 TITLE		☐ Change ☐ Addition☐ Change ☐ Addition☐

4. 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:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #