

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED

97 APR 17 PM 12:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P17034** (0)  
1. Corporation Name  
**HARBOR-AMERICAN HEALTH-CARE TRUST, INC.**  
**HEALTHCARE INVESTORS OF AMERICA, INC.** *Name OK*

Principal Place of Business

2980 N SWAN DR.  
228  
TUCSON AZ 85712  
US

Mailing Address

2980 N SWAN DR.  
228  
TUCSON AZ 85712-1293  
US

3. Date Incorporated or Qualified

12/02/1987

3a. Date of Last Report

04/09/1996

2. Principal Place of Business

21 75 South Church St.

Suite, Apt. #, etc.

22 Suite 650

City & State

23 Pittsfield, MA

Zip Country

24 01201

25 US

2a. Mailing Address

26 75 South Church St.

Suite, Apt. #, etc.

27 Suite 650

City & State

28 Pittsfield, MA

Zip Country

29 01201

30 US

4. FEI Number

86-0576027

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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

CT CORPORATION SYSTEM  
1200 S. 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE S ☒ DELETE  
NAME MONY, MARVIN  
STREET ADDRESS 2980 N SWAN, #228  
CITY-ST-ZIP TUCSON AZ

TITLE PTD ☒ DELETE  
NAME MARKHAM, F. DALE  
STREET ADDRESS 2980 N SWAN, #228  
CITY-ST-ZIP TUCSON AZ

TITLE D ☐ DELETE  
NAME HUNTER, GRADY P.  
STREET ADDRESS 1323 FREEDOM RD  
CITY-ST-ZIP MARS PA

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 S/T ☐ Change ☒ Addition  
1.2 NAME Clarke, Linda M.  
1.3 STREET ADDRESS 75 South Church Street, Suite 650  
1.4 CITY-ST-ZIP Pittsfield, MA 01201

2.1 TITLE CD ☐ Change ☒ Addition  
2.2 NAME Markham, F. Dale  
2.3 STREET ADDRESS 2900 North Swan, #228  
2.4 CITY-ST-ZIP Tucson, AZ

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS 900002148139--6  
3.4 CITY-ST-ZIP -04/18/97--01100--009  
\*\*\*\*165.00 \*\*\*\*165.00

4.1 TITLE PD ☐ Change ☒ Addition  
4.2 NAME Clarke, Thomas M.  
4.3 STREET ADDRESS 75 South Church Street, Suite 650  
4.4 CITY-ST-ZIP Pittsfield, MA 01201

5.1 TITLE D ☐ Change ☒ Addition  
5.2 NAME Trefzger, Charles E.  
5.3 STREET ADDRESS 56 Third St., N.W.  
5.4 CITY-ST-ZIP Hickory, NC 28601

6.1 TITLE D ☐ Change ☒ Addition  
6.2 NAME White, Thomas A.  
6.3 STREET ADDRESS 147 Patricia Avenue  
6.4 CITY-ST-ZIP Dalton, MA 01276

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: *Richard M. Clarke, Jr.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/97  
Date

413-448-2111  
Daytime Phone #

CR2E034 (9/96)