

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90236 025 ***150.00

DOCUMENT #

1. Corporation Name

FORUM LIFECARE, INC.

Principal Place of Business

Mailing Address

10400 Fernwood Road
Dept. 924.13
Bethesda, Maryland 20817

10400 Fernwood Road
Dept. 924.13
Bethesda, Maryland 20817

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1202 HAYS STREET
TALLAHASSEE, FLORIDA 32301

3. Date Incorporated or Qualified

09/23/1986

4. FEI Number

Applied For

Not Applicable

35-1690929

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 owes the current year Intangible
Personal Property Tax.

☐ Yes

☐ No

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	Assistant Secretary	<input type="checkbox"/> DELETE
NAME	Nancy L. Benz	
STREET ADDRESS	10400 Fernwood Road	
CITY-ST-ZIP	Bethesda, Maryland 20817	
TITLE	Vice President	<input type="checkbox"/> DELETE
NAME	M. Lester Pulse, Jr.	
STREET ADDRESS	10400 Fernwood Road	
CITY-ST-ZIP	Bethesda, Maryland 20817	
TITLE	President and Director	<input type="checkbox"/> DELETE
NAME	Paul E. Johnson, Jr.	
STREET ADDRESS	10400 Fernwood Road	
CITY-ST-ZIP	Bethesda, Maryland 20817	
TITLE	Treasurer and Director	<input type="checkbox"/> DELETE
NAME	Terrence P. Morrow	
STREET ADDRESS	10400 Fernwood Road	
CITY-ST-ZIP	Bethesda, Maryland 20817	
TITLE	Vice President and Director	<input type="checkbox"/> DELETE
NAME	William J. Shaw	
STREET ADDRESS	10400 Fernwood Road	
CITY-ST-ZIP	Bethesda, Maryland 20817	
TITLE	Secretary	<input type="checkbox"/> DELETE
NAME	W. David Mann	
STREET ADDRESS	10400 Fernwood Road	
CITY-ST-ZIP	Bethesda, Maryland 20817	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE:

Nancy L. Benz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/99

Date

301-380-8742

Daytime Phone #