

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P19405

1. Entity Name

FORUM LIFECARE INC

**FILED**  
**Apr 18, 2000 8:00 am**  
**Secretary of State**

04-18-2000 90265 048 \*\*\*150.00

Principal Place of Business Mailing Address  
10400 FERNWOOD RD 10400 FERNWOOD RD  
DEPT 924.13 DEPT 924.13  
BETHSEDA MD 20817 BETHSEDA MD 20817-1109  
US US

A3041111



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
City & State City & State  
Zip Country Zip Country

4. FEI Number 35-1690929 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYES ST.  
STE. 105  
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State** 10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JOHNSON, PAUL E			NAME			
STREET ADDRESS	10400 FERNWOOD ROAD			STREET ADDRESS			
CITY-ST-ZIP	BETHESDA MD 20817			CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PULSE, M L JR			NAME			
STREET ADDRESS	10400 FERNWOOD ROAD			STREET ADDRESS			
CITY-ST-ZIP	BETHESDA MD 20817			CITY-ST-ZIP			
TITLE	VPD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SHAW, WILLIAM J			NAME			
STREET ADDRESS	10400 FERNWOOD ROAD			STREET ADDRESS			
CITY-ST-ZIP	BETHESDA MD 20817			CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MANN, W D			NAME			
STREET ADDRESS	10400 FERNWOOD ROAD			STREET ADDRESS			
CITY-ST-ZIP	BETHESDA MD 20817			CITY-ST-ZIP			
TITLE	T	<input checked="" type="checkbox"/> Delete		TITLE	T	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MORROW, TERRENCE P			NAME	PAUL E. JOHNSON JR		
STREET ADDRESS	10400 FERNWOOD ROAD			STREET ADDRESS	10400 FERNWOOD ROAD		
CITY-ST-ZIP	BETHESDA MD 20817			CITY-ST-ZIP	BETHESDA, MD. 20817		
TITLE	AS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BENZ, NANCY L			NAME			
STREET ADDRESS	10400 FERNWOOD RD			STREET ADDRESS			
CITY-ST-ZIP	BETHESDA MD			CITY-ST-ZIP			

13. 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 report or supplemental 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 11 or Block 12 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

NANCY L. BENZ

4/12/00 (301) 380-8742

Date

Daytime Phone #