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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P32620

**(7)** 

NATIONAL HEALTH CARE GROUP, INC.

FILED
Mar 04 1997 8:00am
Secretary of State



1013 CENTRE STE 350-E WILMINGTON I US		1013 CENTRE RD STE 350-E WILMINGTON DE 19805-13 US	265		3.	Date Incorporated or Qualified 01/29/1991	3a. Date of 02/02/		oort
	lace of Business	2a, Mailing Address			4.	FEI Number		<del></del>	lied For
Suite Apt.	t rite	Suite, Apt. #, etc.	<del></del>			51-0302154	ė.	Not .	Applicable
22	F. C.C.	27			δ.	. Certificate of Status Desired	1 1 .	Fee Req	
City & State	e	City & State			6.	Election Campaign Financing Trust Fund Contribution		<b>5.00</b> N Added to	
Zip	Country	Zip	Country	у	8.	This corporation has liability for in Florida Statutes	intangible tax u ] Yes   X No		99.032,
24	25  9. Name and Address of Curre	29  ont Registered Agent	30		10	. Name and Address of New Re			
THE	PRENTICE-HALL CORPORATION	<del></del>	81	Name					
	1 HAYS STREET	on oloiem ato.				000	1.1		
	TE 105		82	Street A	Address (I	P.O. Box Number is Not Acceptab	ole)		
	LAHASSEE FL 32301		83	3					
,,				1 05				1 20.0	
			84	City			FL 85	Zip Ci	ooe
agent la	egistered agent, or both, in the State on familiar with, and accept the oblig	gations of, Section 607.0505, Flo	rida Statute	98.		accept the control of	ти арроши		9.00.00
SIGNATURE	Signature: typical or printed harne of registered ag	gost and time if applicable (NOT	E: Registered Ag	gent signature			DATE		
SIGNATURE 12.		ND DIRECTORS	E: Registered Ag	gent signature		in reinstalling) ADDITIONS/CHANGES TO OFFIC		ECTORS	IN 12
12.	OFFICERS AN			gent signature			ERS AND DIR	ECTORS Change	
<b>12.</b>	OFFICERS AN P GINSTLING, NORMAN	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND DIR		
<b>12.</b>	OFFICERS AND PINSTLING, NORMAN 38 E 63RD ST	ND DIRECTORS	13. 1.1 TITLE 1.2 NAME		625	ADDITIONS/CHANGES TO OFFICE Madison Avenue	ERS AND DIR		
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I. 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 chapter in a national method and address.

SIGNATURE:

IND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

2/28/97

(954),772=3520