

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 22 AM 9:59

DOCUMENT # 821369 (6)

1. Corporation Name

WHITEHALL CONVALESCENT HOMES INC

Principal Place of Business

Mailing Address

3400 MORGAN ROAD
ANN ARBOR MI 48106

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ANN ARBOR MI 48106

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
04/25/1968

3a. Date of Last Report
04/01/1994

4. FEI Number
38-1539810

Applied For
Not Applicable

5. Certificate of Status Deemed

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

Yes No

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

10. Name and Address of New Registered Agent

BRADHAM, WILLIAM W.
5237 DOVER ST. NW
ST. PETERSBURG FL 33703

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 of registered agent or authorized officer)

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
CEO
JOHNSON, LLOYD R
2838 SUNSET BLVD.
BELLEAIR BLUFFS FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY, ST, ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
T
JOHNSON, MABEL
2838 SUNSET BLVD.
BELLEAIR BLUFFS FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY, ST, ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
P
KUMMER, GORDON H.
9367 WILD OAKS CP.
SOUTH LYON MI

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY, ST, ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
S
THURMAN, MARGARET
57950-10 MILE RD.
SOUTH LYON MI

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, ST, ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
V
FERK, ROBERT J
8427 BERKSHIRE RD.
YPSILANTI MI 48198

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST, ZIP
V
Ferk, Robert J.
Delete
Change Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY, ST, ZIP
Change Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.03(3)(b), Florida Statutes. I further certify that the information included 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. I am an officer or director of this corporation or the receiver or liquidator appointed 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 affidavit filed with an address.

SIGNATURE: Margaret Thurman

Margaret Thurman

2/13/95

313 971-3383

(Signature and typed or printed name of signing officer or director)

(Date)

(Telephone Number)