

**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 JAN 26 PM 4: 02

DOCUMENT # **P10387** (9)  
1. Corporation Name  
**DREW VILLAGE NURSING HOME, INC.**

Principal Place of Business Mailing Address  
**C/O TAX DEPT.  
P.O. BOX 715  
MECHANICSBURG PA 17055** **4718 OLD GETTYSBURG RD  
111  
MECHANICSBURG PA 17055  
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **06/10/1986** 3a. Date of Last Report **02/23/1994**  
4. FEI Number **23-2413361** Applied For  
Not Applicable  
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 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 28 Zip Country 29 Country 30  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	<b>DTC</b>
NAME	<b>RICHARDSON, RICHARD D</b>
STREET ADDRESS	<b>4718 OLD GETTYSBURG RD SUITE 111</b>
CITY-ST-ZIP	<b>MECHANICSBURG PA</b>
TITLE	<b>DP</b>
NAME	<b>PANARESE, MICHAEL A</b>
STREET ADDRESS	<b>4718 OLD GETTYSBURG RD, SUITE 111</b>
CITY-ST-ZIP	<b>MECHANICSBURG PA</b>
TITLE	<b>VS</b>
NAME	<b>BARRICK, JOSEPH A</b>
STREET ADDRESS	<b>4718 OLD GETTYSBURG RD, SUITE 111</b>
CITY-ST-ZIP	<b>MECHANICSBURG PA</b>
TITLE	<b>V</b>
NAME	<b>DOHERTY, H J</b>
STREET ADDRESS	<b>4718 OLD GETTYSBURG RD, SUITE 111</b>
CITY-ST-ZIP	<b>MECHANICSBURG PA</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 or in an attachment with an address.

SIGNATURE: \_\_\_\_\_ **RICHARD D. RICHARDSON** 717-731-0300  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #