

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P10387 (9)**

1. Corporation Name
DREW VILLAGE NURSING HOME, INC.



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

2. Principal Place of Business 2a. Mailing Address
21 **DREW VILLAGE REHAB&NSG CTR** 26
State, Apt. #, etc. Site, Apt. #, etc.
22 **401 FAIRWOOD AVENUE** 27
City & State City & State
23 **CLEARWATER, FL** 28
Zip Country Zip Country
24 **34619** 25 **PINELLAS** 29
9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified 3a. Date of Last Report
06/10/1986 01/26/1995
4. FEI Number Applied For
23-2413361 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

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

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

11. Pursuant to the provisions of Sections 607.0603 and 607.1503, 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 607.0605, Florida Statutes.

SIGNATURE Signature of person filing this report (to be printed) Date of Filing (to be printed) Title

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	DTC <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	RICHARDSON, RICHARD D	2.2 NAME	
3. STREET ADDRESS	4718 OLD GETTYSBURG RD SUITE 111	3.3 STREET ADDRESS	
4. CITY, STATE, ZIP	MECHANICSBURG PA	4.4 CITY, ST, ZIP	
5. TITLE	DP <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	PANARESE, MICHAEL A	6.2 NAME	
7. STREET ADDRESS	4718 OLD GETTYSBURG RD, SUITE 111	7.3 STREET ADDRESS	
8. CITY, STATE, ZIP	MECHANICSBURG PA	8.4 CITY, ST, ZIP	
9. TITLE	VS <input type="checkbox"/> DELETE	9.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	BARRICK, JOSEPH A	10.2 NAME	
11. STREET ADDRESS	4718 OLD GETTYSBURG RD, SUITE 111	11.3 STREET ADDRESS	
12. CITY, STATE, ZIP	MECHANICSBURG PA	12.4 CITY, ST, ZIP	
13. TITLE	V <input type="checkbox"/> DELETE	13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	DOHERTY, H J	14.2 NAME	
15. STREET ADDRESS	4718 OLD GETTYSBURG RD, SUITE 111	15.3 STREET ADDRESS	
16. CITY, STATE, ZIP	MECHANICSBURG PA	16.4 CITY, ST, ZIP	
17. TITLE	<input type="checkbox"/> DELETE	17.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME		18.2 NAME	
19. STREET ADDRESS		19.3 STREET ADDRESS	
20. CITY, STATE, ZIP		20.4 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 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or captioned 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.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
RICHARD D. RICHARDSON

1/24/95 717-731-0300
Date: Division Phone #

CR2E034 (12/95)