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**Apr 10 1997 8:00am
Secretary of State**

PROFIT CORPORATION
ANNUAL REPORT
1997



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
DREW VILLAGE REHAB & NURSING CTR.
401 FAIRWOOD AVE.
CLEARWATER FL 34619
US **4718 OLD GETTYSBURG RD**
111
MECHANICSBURG PA 17055
US

3. Date Incorporated or Qualified **06/10/1986** 3a. Date of Last Report **02/06/1996**
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 **Drew Village Rehab&Nsg Ctr** 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **401 Fairwood Avenue** 27
City & State City & State
23 **Clearwater, FL** 28
Zip Country Zip Country
24 **34619** 25 **Pinellas** 29 **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	DTC <input type="checkbox"/> DELETE
NAME	RICHARDSON, RICHARD D
STREET ADDRESS	4718 OLD GETTYSBURG RD SUITE 111
CITY - ST - ZIP	MECHANICSBURG PA
TITLE	DP <input checked="" type="checkbox"/> DELETE
NAME	PANARESE, MICHAEL A
STREET ADDRESS	4718 OLD GETTYSBURG RD, SUITE 111
CITY - ST - ZIP	MECHANICSBURG PA
TITLE	VS <input type="checkbox"/> DELETE
NAME	BARRICK, JOSEPH A
STREET ADDRESS	4718 OLD GETTYSBURG RD, SUITE 111
CITY - ST - ZIP	MECHANICSBURG PA
TITLE	V <input type="checkbox"/> DELETE
NAME	DOHERTY, H J
STREET ADDRESS	4718 OLD GETTYSBURG RD, SUITE 111
CITY - ST - ZIP	MECHANICSBURG PA
TITLE	V.P. Finance <input type="checkbox"/> DELETE
NAME	Joseph A. Kopchick
STREET ADDRESS	4718 Old Gettysburg Rd., Suite 111
CITY - ST - ZIP	Mechanicsburg PA 17055
TITLE	<input type="checkbox"/> DELETE
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 checked="" 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 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 changed, or on an attachment with an address.

SIGNATURE: Joseph A. Kopchick **JOSEPH A. KOPCHICK** **3/24/97** **717-731-0300**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)