

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 20, 2002 8:00 am
Secretary of State

08-20-2002 90125 022 ***550.00

DOCUMENT # P10387

1. Entity Name
DREW VILLAGE NURSING HOME, INC.

Principal Place of Business
 DREW VILLAGE REHAB & NURSING CTR.
 401 FAIRWOOD AVE.
 CLEARWATER FL 34619
 US

Mailing Address
 4720 OLD GETTYSBURG RD
 311
 MECHANICSBURG PA 17055
 US

00134586

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 1215 MANOR DRIVE
 Suite 111

DO NOT WRITE IN THIS SPACE

4. FEI Number 23-2413361 **Applied For**
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$550.00**
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTC RICHARDSON, RICHARD D 4720 OLD GETTYSBURG RD STE 311 MECHANICSBURG PA <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1215 MANOR DRIVE, Suite 111 MECHANICSBURG, PA. 17055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS BARRICK, JOSEPH A 4720 OLD GETTYSBURG RD STE 311 MECHANICSBURG PA <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1215 MANOR DRIVE, Suite 111 MECHANICSBURG, PA. 17055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DOHERTY, H J 4720 OLD GETTYSBURG RD STE 311 MECHANICSBURG PA <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1215 MANOR DRIVE, Suite 111 MECHANICSBURG, PA. 17055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KOPCHICK, JOSEPH A 4720 OLD GETTYSBURG RD STE 311 MECHANICSBURG PA <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1215 MANOR DRIVE, Suite 111 MECHANICSBURG, PA. 17055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E034 (4/02)

13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Joseph A. Kopchick V.P. **7/8/02** **717-796-6054**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**