

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**May 15 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P14602 (7)**

1. Corporation Name  
**MANOR LIVING CENTERS, INC.**



Principal Place of Business <b>10750 COLUMBIA PIKE                  SILVER SPRING MD 20901-4427</b>	Mailing Address <b>10750 COLUMBIA PIKE                  SILVER SPRING MD 20901-4427</b>
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>05/27/1987</b>	3a. Date of Last Report <b>05/01/1996</b>
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number <b>52-1465781</b>	Applied For <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
22. City & State	27. City & State <b>11555 DARNESTOWN RD.                  GAITHERSBURG, MD 20878-3200</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
23. Zip	28. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24. Country	29. Country		

9. Name and Address of Current Registered Agent <b>THE PRENTICE-HALL CORPORATION SYSTEM INC.                  1201 HAYS STREET                  SUITE 105                  TALLAHASSEE FL 32301</b>	10. Name and Address of New Registered Agent
81. Name	82. Street Address (P.O. Box Number is Not Acceptable)
83. City	84. City
85. Zip Code	<b>FL</b> 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 reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE <b>SVP</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE
NAME <del>MAGGUTCHEON, JAMES A.</del>		1.2 NAME
STREET ADDRESS <b>10750 COLUMBIA PIKE</b>		1.3 STREET ADDRESS
CITY- ST- ZIP <b>SILVER SPRING MD</b>		1.4 CITY- ST- ZIP
TITLE <b>AS</b>	<input type="checkbox"/> DELETE	2.1 TITLE
NAME <b>CASEY, EVERETT F.</b>		2.2 NAME
STREET ADDRESS <b>10750 COLUMBIA PIKE</b>		2.3 STREET ADDRESS
CITY- ST- ZIP <b>SILVER SPRING MD</b>		2.4 CITY- ST- ZIP
TITLE <b>PCEO</b>	<input type="checkbox"/> DELETE	3.1 TITLE
NAME <b>BAINUM, STEWART JR</b>		3.2 NAME
STREET ADDRESS <b>10750 COLUMBIA PIKE</b>		3.3 STREET ADDRESS
CITY- ST- ZIP <b>SILVER SPRING MD</b>		3.4 CITY- ST- ZIP
TITLE <b>VC</b>	<input type="checkbox"/> DELETE	4.1 TITLE
NAME <b>BAINUM, STEWART SR</b>		4.2 NAME
STREET ADDRESS <b>10750 COLUMBIA PIKE</b>		4.3 STREET ADDRESS
CITY- ST- ZIP <b>SILVER SPRING MD</b>		4.4 CITY- ST- ZIP
TITLE <b>CCEO</b>	<input type="checkbox"/> DELETE	5.1 TITLE
NAME <b>BAINUM JR., STEWART</b>		5.2 NAME
STREET ADDRESS <b>10750 COLUMBIA PIKE</b>		5.3 STREET ADDRESS
CITY- ST- ZIP <b>SILVER SPRING MD</b>		5.4 CITY- ST- ZIP
TITLE <b>AT</b>	<input checked="" type="checkbox"/> DELETE	6.1 TITLE
NAME <del>HICKEY, GERALD F.</del>		6.2 NAME
STREET ADDRESS <b>10750 COLUMBIA PIKE</b>		6.3 STREET ADDRESS
CITY- ST- ZIP <b>SILVER SPRING MD</b>		6.4 CITY- ST- ZIP

**SEE ATTACHMENT**  
**11555 DARNESTOWN RD.**  
**GAITHERSBURG, MD 20878-3200**

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: *John Clonias* \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)