

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 22, 1999 8:00 am  
Secretary of State

03-22-1999 90058 004 \*\*\*150.00

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1. Corporation Name

MANORCARE HEALTH SERVICES OF BOYNTON BEACH, INC.



Principal Place of Business

11555 DARNESTOWN RD.  
GAITHERSBURG MD 20878

Mailing Address

11555 DARNESTOWN RD.  
GAITHERSBURG MD 20878

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/24/1997

4. FEI Number

52-2055100

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 333 NORTH Summit

2a. Mailing Address

26 333 NORTH Summit

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 TAX Dept

27 TAX Dept

City & State

City & State

23 TOLEDO OH

28 TOLEDO OH

Zip

Country

Zip

Country

24 43699-0086

29 43699-0086

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE C ☒ DELETE  
NAME BAINUM, STEWART JR.  
STREET ADDRESS 11555 DARNESTOWN RD.  
CITY-ST-ZIP GAITHERSBURG MD 20878

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME PAUL A ORMOND  
1.3 STREET ADDRESS 333 NORTH Summit  
1.4 CITY-ST-ZIP TOLEDO, OH 43699-0086

TITLE DVS ☒ DELETE  
NAME REMPE, JAMES H  
STREET ADDRESS 11555 DARNESTOWN RD.  
CITY-ST-ZIP GAITHERSBURG MD 20878

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME M. Keith Weikel  
2.3 STREET ADDRESS 333 NORTH Summit  
2.4 CITY-ST-ZIP TOLEDO, OH 43699-0086

TITLE DT ☒ DELETE  
NAME COMAS, LEIGH C  
STREET ADDRESS 11555 DARNESTOWN RD.  
CITY-ST-ZIP GAITHERSBURG MD 20878

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME SEE Attached List  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE P ☒ DELETE  
NAME TOMASSO, DONALD C  
STREET ADDRESS 11555 DARNESTOWN RD.  
CITY-ST-ZIP GAITHERSBURG MD 20878

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE VAS ☒ DELETE  
NAME PHILLIPS, LEO H JR.  
STREET ADDRESS 11555 DARNESTOWN RD.  
CITY-ST-ZIP GAITHERSBURG MD 20878

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE V ☒ DELETE  
NAME SCHOENDORFER, MARGARITA  
STREET ADDRESS 11555 DARNESTOWN RD.  
CITY-ST-ZIP GAITHERSBURG MD 20878

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Peter Childs

2/17/99

419-252-5885

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (1/98)