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FILED
May 19 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 # F95000004744 (7)

1. Corporation Name

BAYER RESTORATIVE CARE, INC.

Principal Place of Business

200 S BARFIELD HWY
PAHOKEE FL 33476
US

Mailing Address

7533 EAST STREET
MASON OH 45040-9421
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 7533 Easy Street

27 Suite, Apt. #, etc.

28 City & State

29 Zip Country

30

3. Date Incorporated or Qualified

09/29/1995

3a. Date of Last Report

08/06/1996

4. FEI Number

31-1391768

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

9. Name and Address of Current Registered Agent

TEETER, SUSAN
4653C L. B. MCLEOD ROAD
ORLANDO FL 32811

10. Name and Address of New Registered Agent

81 Name

Thomas B. Fox

82 Street Address (P.O. Box Number is Not Acceptable)

10720 S.E. Jupiter Narrows Drive

83

84 City

Hobe Sound

FL

85 Zip Code

33455

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 re-stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE C BAYER, RICHARD

NAME BAYER, RICHARD
STREET ADDRESS 5083 WESTERVILLE RD.
CITY-ST-ZIP COLUMBUS OH

TITLE P JORDAN, THOMAS

NAME JORDAN, THOMAS
STREET ADDRESS 7533 EASY STREET
CITY-ST-ZIP MASON OH 45040

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME Bayer, Richard
1.3 STREET ADDRESS 4311 Olmsted Road
1.4 CITY-ST-ZIP New Albany, OH 43054

2.1 TITLE Change Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE Change 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:

[Signature]

4/7/97

5/15/97

CR2E034 (9/96)