

**2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M07000005227

**Entity Name:** MANOR CARE OF NAPLES FL, LLC**Current Principal Place of Business:**333 N. SUMMIT STREET  
TOLEDO, OH 43604**Current Mailing Address:**333 N. SUMMIT STREET  
TOLEDO, OH 43604 US**FEI Number:** 26-0624049**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US*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.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	VP	Title	PRESIDENT
Name	SYPE, ANDREA	Name	PILE, LUKE
Address	333 N. SUMMIT STREET	Address	333 N. SUMMIT STREET
City-State-Zip:	TOLEDO OH 43604	City-State-Zip:	TOLEDO OH 43604
Title	TREASURER	Title	SECRETARY
Name	KILE, THOMAS R.	Name	RODGERS, DAMIAN
Address	333 N. SUMMIT STREET	Address	333 N. SUMMIT STREET
City-State-Zip:	TOLEDO OH 43604	City-State-Zip:	TOLEDO OH 43604
Title	VP	Title	DIRECTOR
Name	HOOPS, KATHRYN SUE	Name	ALLEN, MARTIN DAVID
Address	333 N. SUMMIT STREET	Address	333 N. SUMMIT STREET
City-State-Zip:	TOLEDO OH 43604	City-State-Zip:	TOLEDO OH 43604

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** THOMAS R. KILE**TREASURER****04/24/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date