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Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90050 023 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 367316

1. Corporation Name
MANOR CARE OF PLANTATION, INC.



Principal Place of Business
6931 W SUNRISE BLVD
PLANTATION FL 33313
US

Mailing Address
11555 DARNESTOWN RD
GAITHERSBURG MD 20878
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/22/1970

4. FEI Number **52-0986822**
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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 **333 NORTH Summit**

22 City & State

27 **TAX Dept**

23 Zip Country

28 **Toledo, OH**

24 **43699** 25

29 **43699-0086** 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

UNITED STATES CORPORATION COMPANY
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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 **D** ☒ DELETE
NAME **REMPE, JAMES H.**
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 **CEO** ☒ DELETE
NAME **BAINUM, STEWART, J**
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 **SEE ATTACHED LIST** ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/99
Date

419-252-5885
Daytime Phone #

CR25034 (11/98)

247346-90050-2
367316

**ManorCare Health Services, Inc.
and most wholly owned subsidiaries**

Directors:

Paul A. Ormond
M. Keith Weikel
Geoffrey G. Meyers

Officers:

Paul A. Ormond	Chairman, President & Chief Executive Officer
M. Keith Weikel	Senior Executive Vice President & Chief Operating Officer
Geoffrey G. Meyers	Executive Vice President, Chief Financial Officer & Assistant Secretary
R. Jeffrey Bixler	Vice President, General Counsel & Secretary
Spencer C. Moler	Vice President & Assistant Secretary
John P. McKenna	Senior Vice President, ALF Start-Up
Wolfgang von Maack	Senior Vice President, Healthcare Services
James H. Rempe	Senior Vice President
K. Peter Kemezys	Vice President, Associate General Counsel & Assistant Secretary
Leo H. Phillips, Jr.	Vice President, Associate General Counsel & Assistant Secretary
Judy Dabertin	Vice President, General Mgr., Chicago/West District
Larry R. Godla	Vice President, Construction
David C. Heberling	Vice President, Employee Relations
Debra Howe	Vice President, General Manager, Mid-Atlantic District
Robert A. Johnson	Vice President, Reimbursement
James Pagoaga	Vice President, Rehabilitation Services
Richard Parades	Vice President, General Manager, Mid-States District
Marcia Reihart	Vice President, General Manager, Eastern District
Nancy A. Edwards	Vice President, General Manager, Central Division
Jeffrey W. Ferguson	Vice President, General Manager, Midwest Division
F. Joseph Schmitt	Vice President, General Manager, Southern Division
Margarita Schoendorfer	Vice President, Controller
John P. Butenas	Assistant General Counsel & Assistant Secretary
Douglas Haag	Treasurer
Peter L. Childs	Assistant Treasurer
David L. Gehrich	Assistant Treasurer

Address for the above is as follows:

HCR Manor Care
333 North Summit
Toledo, OH 43699-0086