
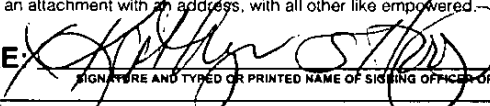


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90081 035 ***150.00

DOCUMENT # 836638 1. Entity Name WINTER PARK NURSING CENTER, INC.					
Principal Place of Business 333 NORTH SUMMIT TAX DEPT TOLEDO, OH 43699-0086 US			Mailing Address 333 NORTH SUMMIT TAX DEPT TOLEDO, OH 43699-0086 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 37-1019107	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ORMOND, PAUL A. 333 N. SUMMITT STREET TOLEDO, OH 43604	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WEIKEL, M. KEITH 333 NORTH SUMMIT TOLEDO, OH 436990086	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS BIXLER, R. JEFFREY 7843 ORACLE PLACE POTOMAC, MD 20854	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT MEYERS, GEOFFREY G 1349 30TH ST NW WASHINGTON, DC 20007	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AGCA NEES, DAVID K 5320 BUTLER COURT COLUMBIA, MD 21044	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDOT HOOPS, KATHRYN S. 333 N. SUMMITT STREET TOLEDO, OH 43604	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Seven M. Cavanaugh 333 N. Summit St. Toledo, OH 43604	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS Richard A. Penn II 333 N. Summit St. Toledo, OH 43604	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT Matthew S. Kang 333 N. Summit St. Toledo, OH 43604	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  V.P. Director of Tax 4/26/07 419-252-5896 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

ATTACHMENT 40099890
#836638

WINTER PARK NURSING CENTER, INC.

OFFICERS

Paul A. Ormond	President
Steven M. Cavanaugh	Vice President, Chief Financial Officer & Assistant Secretary
Larry R. Godla	Vice President, Development & Construction
Matthew S. Kang	Vice President, Treasurer
Barry A. Lazarus	Vice President, Director of Reimbursement
Spencer C. Moler	Vice President, Controller & Assistant Secretary
Richard A. Parr II	Vice President, General Counsel and Secretary
F. Joseph Schmitt	Vice President, General Manager, West Division
Thomas R. Kile	Assistant Treasurer
David K. Nees	Associate General Counsel & Assistant Secretary

DIRECTORS

Stephen L. Guillard
Lynn M. Hood