

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 836638

FILED
Apr 11, 2011
Secretary of State

Entity Name: WINTER PARK NURSING CENTER, INC.

Current Principal Place of Business:

333 N. SUMMIT STREET
TOLEDO, OH 43604

New Principal Place of Business:

333 N. SUMMIT STREET
TOLEDO, OH 43604 US

Current Mailing Address:

333 N. SUMMIT STREET
TOLEDO, OH 43604

New Mailing Address:

333 N. SUMMIT STREET
TOLEDO, OH 43604 US

FEI Number: 37-1019107

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: DP
Name: HOOD, LYNN M DP
Address: 333 N. SUMMIT STREET
City-St-Zip: TOLEDO, OH 43604 US

Title: DTS
Name: KANG, MATTHEW S DTS
Address: 333 N. SUMMIT STREET
City-St-Zip: TOLEDO, OH 43604 US

Title: DIR
Name: REMENAR, JOHN I DIR
Address: 333 N. SUMMIT STREET
City-St-Zip: TOLEDO, OH 43604 US

Title: VP
Name: GODLA, LARRY R VP
Address: 333 N. SUMMIT STREET
City-St-Zip: TOLEDO, OH 43604 US

Title: VP
Name: LAZARUS, BARRY A VP
Address: 333 N. SUMMIT STREET
City-St-Zip: TOLEDO, OH 43604 US

Title: AT
Name: KILE, THOMAS R AT
Address: 333 N. SUMMITT STREET
City-St-Zip: TOLEDO, OH 43604 US

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 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 above, or on an attachment with all other like empowered.

SIGNATURE: LAURA LOUIS

POA

04/11/2011

Electronic Signature of Signing Officer or Director

Date