

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 836638

FILED
Apr 21, 2012
Secretary of State

Entity Name: WINTER PARK NURSING CENTER, INC.

Current Principal Place of Business:

333 N. SUMMIT STREET
TOLEDO, OH 43604 US

New Principal Place of Business:

Current Mailing Address:

333 N. SUMMIT STREET
TOLEDO, OH 43604 US

New Mailing Address:

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

Title: STD
Name: KANG,, MATTHEW S STD
Address: 333 N. SUMMIT STREET, 7TH FLOOR
City-St-Zip: TOLEDO, OH 43604 US

Title: VP
Name: LAZARUS, BARRY A VP
Address: 333 N. SUMMIT STREET, 4TH FLOOR
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: CRYSTAL MCKENZIE

POA

04/21/2012

Electronic Signature of Signing Officer or Director

Date