
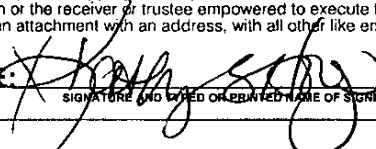


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2006 8:00 am
Secretary of State

05-19-2006 90027 015 ***150.00

DOCUMENT # 836639 1. Entity Name PLM, INC.					
Principal Place of Business 333 NORTH SUMMIT TAX DEPT TOLEDO, OH 43699-0086			Mailing Address 333 NORTH SUMMIT TAX DEPT TOLEDO, OH 43699-0086 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	PCEO ORMOND, PAUL A 333 NORTH SUMMIT TOLEDO, OH 43604 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VCOO WEIKEL, KEITH M 333 NORTH SUMMIT TOLEDO, OH 43604 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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:  Kathryn S. Hoops 4/24/06 (419) 252-5764 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

ATTACHMENT
PLM, Inc.

40093336

#836639

OFFICERS

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

Stephen L. Guillard
R. Jeffrey Bixler
Steven M. Cavanaugh

Nancy A. Edwards
Larry R. Godla
Jeffrey A. Grillo
Kathryn S. Hoops
Matthew S. Kang
William H. Kinschner

David B. Lanning
Barry A. Lazarus
Larry C. Lester
Spencer C. Moler
Susan E. Morey
James P. Pagoaga
Michael J. Reed
John I. Remenar

F. Joseph Schmitt
Steven D. Spencer

Martin D. Allen

Thomas R. Kile
David K. Nees

President & Chief Executive Officer
Sr. Exec. Vice President & Chief Operating Officer
Executive Vice President, Chief Financial Officer
& Assistant Secretary
Executive Vice President
Vice President, General Counsel & Secretary
Vice President, Director of Corporate
Development & Assistant Secretary
Vice President, General Manager, Central Div.
Vice President, Development & Construction
Vice President, General Manager, Mid-Atlantic Div.
Vice President, Director of Tax & Asst. Treasurer
Vice President, Treasurer
Vice President, Director of Management
Support Services
Vice President, Development
Vice President, Director of Reimbursement
Vice President, General Manager, Midwest Division
Vice President, Controller & Assistant Secretary
Vice President, General Manager, Eastern Division
Vice President, Rehabilitation Services
Vice President, General Manager, Assisted Living Div.
Vice President, Director of Financial Services
& Assistant Treasurer
Vice President, General Manager, West Division
Vice President, Director of Human Resources
& Assistant Secretary
Assistant Vice President, Director of
Internal Audit and Risk Management
Assistant Treasurer
Associate General Counsel & Assistant Secretary

DIRECTORS

Matthew S. Kang

ADDRESS FOR ALL ABOVE IS:

333 N. Summit St.
Toledo, Ohio 43604
Phone: (419) 252-5500