

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2006 8:00 am
Secretary of State

05-09-2006 90077 001 ***150.00

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DOCUMENT # 843719 1. Entity Name JACKSONVILLE HEALTHCARE CORPORATION					
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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 37-1069936	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CT 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</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		DATE _____	
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 436990086 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P./Director of Tax Kathryn S. Hoops 333 N. Summit St. Toledo, OH 43604 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCOO WEIKEL, M. KEITH 333 NORTH SUMMIT TOLEDO, OH 436990086 <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	
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	
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>Date Daytime Phone #</small>		

ATTACHMENT

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843719

Jacksonville Healthcare Corporation

OFFICERS

Paul A. Ormond	President & Chief Executive Officer
M. Keith Weikel	Sr. Exec. Vice President & Chief Operating Officer
Geoffrey G. Meyers	Executive Vice President, Chief Financial Officer & Assistant Secretary
R. Jeffrey Bixler	Vice President, General Counsel & Secretary
Stephen L. Guillard	Executive Vice President
Steven M. Cavanaugh	Vice President, Director of Corporate Development & Assistant Secretary
Nancy A. Edwards	Vice President, General Manager, Central Division
Larry R. Godla	Vice President, Development & Construction
Jeffrey A. Grillo	Vice President, General Manager, Mid-Atlantic Div.
Kathryn S. Hoops	Vice President, Director of Tax & Asst. Treasurer
Matthew S. Kang	Vice President, Treasurer
William H. Kinschner	Vice President, Director of Management Support Services
David B. Lanning	Vice President, Development
Barry A. Lazarus	Vice President, Director of Reimbursement
Larry C. Lester	Vice President, General Manager, Midwest Division
Spencer C. Moler	Vice President, Controller & Assistant Secretary
Susan E. Morey	Vice President, General Manager, Eastern Division
James P. Pagoaga	Vice President, Rehabilitation Services
Michael J. Reed	Vice President, General Manager, Assisted Living Div.
John I. Remenar	Vice President, Director of Financial Services & Assistant Treasurer
F. Joseph Schmitt	Vice President, General Manager, West Division
Steven D. Spencer	Vice President, Director of Human Resources & Assistant Secretary
Martin D. Allen	Assistant Vice President, Director of Internal Audit and Risk Management
Thomas R. Kile	Assistant Treasurer
David K. Nees	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