

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 15 1997 8:00am
Secretary of State



PROFIT CORPORATION
 ANNUAL REPORT
 1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 851012 (5)
 1. Corporation Name
HEALTH CARE AND RETIREMENT CORPORATION OF AMERIC
A



Principal Place of Business Mailing Address
ONE SEAGATE **ONE SEAGATE**
ATTN TAX 21 **ATTN TAX 21**
TOLEDO OH 43604-2616 **TOLEDO OH 43604-1558**
US **US**

3. Date Incorporated or Qualified 3a. Date of Last Report
11/13/1981 **04/24/1996**
 4. FEI Number Applied For
34-4402510 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**
 6. Election Campaign Financing **\$5.00 May Be Added to Fees**
 Trust Fund Contribution
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip Country 28 Zip Country
 24 25 29 30

9. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City 85 Zip Code
FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	S <input type="checkbox"/> DELETE
NAME	BIXLER, JEFFREY R
STREET ADDRESS	ONE SEAGATE
CITY-ST-ZIP	TOLEDO OH
TITLE	DP <input type="checkbox"/> DELETE
NAME	ORMOND, PAUL A.
STREET ADDRESS	ONE SEAGATE
CITY-ST-ZIP	TOLEDO OH
TITLE	ATS <input type="checkbox"/> DELETE
NAME	GEHRICH, DAVID LEE
STREET ADDRESS	ONE SEAGATE
CITY-ST-ZIP	TOLEDO OH
TITLE	VD <input type="checkbox"/> DELETE
NAME	WEIKEL, M. KEITH
STREET ADDRESS	ONE SEAGATE
CITY-ST-ZIP	TOLEDO OH
TITLE	TAS <input type="checkbox"/> DELETE
NAME	MOLER, S.C.
STREET ADDRESS	ONE SEAGATE
CITY-ST-ZIP	TOLEDO OH
TITLE	VD <input type="checkbox"/> DELETE
NAME	MEYERS, G.G.
STREET ADDRESS	ONE SEAGATE
CITY-ST-ZIP	TOLEDO OH

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SEE ATTACHED
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *David L Gehrich* **REQUIRED** **DAVID L GEHRICH APR 22 1997 (419)252-5764**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)

Health Care and Retirement Corporation of America

OFFICERS

Paul A. Ormond	Chairman, President & Chief Executive Officer
M. Keith Weikel	Senior Executive Vice President & Chief Operating Officer
Geoffrey G. Meyers	Executive Vice President, Chief Financial Officer & Assistant Secretary
R. Jeffrey Bixler	Vice President, General Counsel & Secretary
Nancy A. Edwards	Vice President, General Manager of the Central Division
Jeffrey W. Ferguson	Vice President, General Manager of the Midwest Division
J. Susan Hines	Vice President, Director of Clinical Services and Specialty Programs
William H. Kinschner	Vice President, Director of Management Support Services
Barry A. Lazarus	Vice President, Director of Reimbursement
Spencer C. Moler	Vice President, Controller, Treasurer & Assistant Secretary
Wade B. O'Brian	Vice President, Director of Human Resources and Labor Relations & Assistant Secretary
F. Joseph Schmitt	Vice President, General Manager of the Southern Division
Paul G. Sieben	Vice President, Director of Development & Construction
Joyce C. Smith	Vice President, Director of Professional Services
Jack W. Ficks	Assistant Vice President, General Manager of Therapy Operations
John K. Graham	Assistant Vice President, General Manager of Vision Management Services and Ancillary Businesses
Jim C. Millspaugh	Assistant Vice President, Director of Human Resources Operations Support
Deborah J. Workman	Assistant Vice President, Director of MIS
John I. Remenar	Assistant Vice President, Director of Financial Services & Assistant Treasurer
David L. Gehrich	Assistant Secretary & Assistant Treasurer
Douglas G. Haag	Assistant Treasurer

DIRECTORS

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

ADDRESS FOR ALL ABOVE IS:

One SeaGate
Toledo, Ohio 43604-2616
Phone: (419) 252-5600