

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

FILED
May 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 851012 (5)
 1. Corporation Name
HEALTH CARE AND RETIREMENT CORPORATION OF AMERIC
A



Principal Place of Business ONE SEAGATE ATTN TAX 21 TOLEDO OH 43604-2616 US	Mailing Address ONE SEAGATE ATTN TAX 21 TOLEDO OH 43604-2616 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30
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3. Date Incorporated or Qualified 11/13/1981	4. FEI Number 34-4402510	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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 FL 85 Zip Code

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

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	
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	

SEE ATTACHED

14. I 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: *[Signature]* **APR 17 1998** (414)355-5764

CR2E034 (10/97)

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
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

ADDRESS FOR ALL ABOVE IS:

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

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