2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #851012

1. Entity Name

HEALTH CARE AND RETIREMENT CORPORATION OF AMERICA



Principal Place of Business

333 N. SUMMIT ST.

ATTN: TAXES TOLEDO, OH 43604 US Mailing Address

333 N. SUMMIT ST. ATTN: TAXES TOLEDO, OH 43604

US

FILED Apr 12, 2004 8:00 am Secretary of State

04-12-2004 90683 006 ***150.00

94051095



01072004

No Chg-P

CR2E034 (10/03)

4. FEI Number 34-4402510

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the ions of registered agent.	purpose of cha	nging its register	red office or regi	stered agent, or both, in	n the State of Florida. I am familiar wi	th, and accept
SIGNATURE.					uired when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.					\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIRE	CTORS			<u></u>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD BIXLER, JEFFREY R 333 N. SUMMIT ST. TOLEDO, OH 43604		. •				• • • • • • • • • • • • • • • • • • •
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO ORMOND, PAUL 333 N. SUMMIT ST. TOLEDO, OH 43604						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AST GEHRICH, DAVID LEE 333 N. SUMMIT ST. TOLEDO, OH 43604				DO N	IOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPCO WEIKEL, M. KEITH 333 N. SUMMIT ST. TOLEDO, OH 43604			,	' IN T	HIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPCA MOLER, S.C. 333 N. SUMMIT ST. TOLEDO, OH 43604						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPC MEYERS, G.G. 333 N. SUMMIT ST. TOLEDO, OH 43604						•

12. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-01-04 (419) 252-5764

Daytime Phone #

Health Care and Retirement Corporation of America

OFFICERS

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

R. Jeffrey Bixler Steven M. Cavanauqh

William J. Chenevert

Nancy A. Edwards Larry R. Godla John K. Graham Jeffrey A. Grillo Douglas G. Haag Kathryn S. Hoops William H. Kinschner David B. Lanning Barry A. Lazarus Larry C. Lester

Spencer C. Moler Wade B. O'Brian

James P. Pagoaga Richard W. Parades John I. Remenar

F. Joseph Schmitt Jo Ann Young Martin D. Allen

Karen Bell

Veronica Fogelman Patricia Gillette

Jeff Harris

Keith Helmer

Richard Keller

R. Kenneth McManis Annette Orlowski David B. Parker Donna Weimer Connie Wenz Daniel A. Wood

David L. Gehrich Thomas R. Kile David K. Nees

DIRECTORS

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

Chairman, President & Chief Executive Officer Sr. Exec. Vice President & Chief Operating Officer Executive Vice President, Chief Financial

Officer & Assistant Secretary

Vice President, General Counsel & Secretary
Vice President, Director of Corporate Development & Assistant Secretary

Vice President, General Manager, West Division and Director of Operations Support

Vice President, General Manager, Central Division Vice President, Development and Construction

Vice President, General Manager, Eastern Division

Vice President, General Manager, Mid-Atlantic Div.

Vice President, Treasurer
Vice President, Director of Tax & Asst. Treasurer
Vice President, Director of Management Support Svs.
Vice President, Development

Vice President, Director of Reimbursement

Vice President of Marketing, General Manager, Midwest Division

Vice President, Controller, & Assistant Secretary

Vice President, Director of Human Resources and Labor Relations & Assistant Secretary

Vice President, Rehabilitation Services

Vice President, General Manager, Mid-States Division Vice President, Director of Financial Services & Assistant Treasurer

Vice President, General Manager, Southern Division

Vice President, General Manager of Assisted Living

Assistant Vice President, Director of Internal Audit and Risk Management

Assistant Vice President, Professional Services for Home Health Care and Hospice

Assistant Vice President, Director of Sales Mngt.

Assistant Vice President, Director of Workforce Management

Assistant Vice President, Director of Business Solutions

Assistant Vice President, Assistant General Manager, Midwest Division

Assistant Vice President, Director of Information Technology

Assistant Vice President, Director of Facility Mgnt. Assistant Vice President, Clinical Services Assistant Vice President, Assistant General Manager

Assistant Vice President, Marketing-Operations

Assistant Vice President, Clinical Services Assistant Vice President, Director of

Human Relations

Assistant Secretary & Assistant Treasurer

Assistant Treasurer

Associate General Counsel, Assistant Secretary

ADDRESS FOR ALL ABOVE IS:

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