
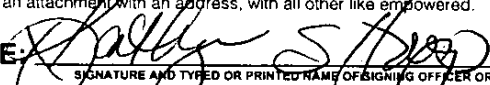


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90081 032 ***150.00

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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 34-4402510	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	VSD	<input checked="" type="checkbox"/> Delete	TITLE	VS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BIXLER, JEFFREY R		NAME	Richard A. Parr II	
STREET ADDRESS	333 N. SUMMIT ST.		STREET ADDRESS	333 N. Summit St.	
CITY-ST-ZIP	TOLEDO, OH 43604		CITY-ST-ZIP	Toledo, OH 43604	
TITLE	PCEO	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ORMOND, PAUL		NAME		
STREET ADDRESS	333 N. SUMMIT ST.		STREET ADDRESS		
CITY-ST-ZIP	TOLEDO, OH 43604		CITY-ST-ZIP		
TITLE	DV	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOOPS, KATHRYN		NAME		
STREET ADDRESS	333 N. SUMMIT ST.		STREET ADDRESS		
CITY-ST-ZIP	TOLEDO, OH 43604		CITY-ST-ZIP		
TITLE	VPCO	<input checked="" type="checkbox"/> Delete	TITLE	V CFO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEIKEL, M. KEITH		NAME	Steven M. Cavanaugh	
STREET ADDRESS	333 N. SUMMIT ST.		STREET ADDRESS	333 N. Summit St	
CITY-ST-ZIP	TOLEDO, OH 43604		CITY-ST-ZIP	Toledo, OH 43604	
TITLE	VPCA	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOLER, S.C.		NAME		
STREET ADDRESS	333 N. SUMMIT ST.		STREET ADDRESS		
CITY-ST-ZIP	TOLEDO, OH 43604		CITY-ST-ZIP		
TITLE	EVPC	<input checked="" type="checkbox"/> Delete	TITLE	EVPC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEYERS, G.G.		NAME	Stephen L. Guillard	
STREET ADDRESS	333 N. SUMMIT ST.		STREET ADDRESS	333 N. Summit St.	
CITY-ST-ZIP	TOLEDO, OH 43604		CITY-ST-ZIP	Toledo, OH 43604	
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: 			V.P./Director of Tax 4/16/07 49-252-5896		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

ATTACHMENT 40099893

#851012

HEALTH CARE AND RETIREMENT CORPORATION OF AMERICA

OFFICERS

Paul A. Ormond	Chairman, President & Chief Executive Officer
Stephen L. Guillard	Executive Vice President, Chief Operating Officer
Steven M. Cavanaugh	Vice President, Chief Financial Officer & Assistant Secretary
Nancy A. Edwards	Vice President, General Manager, Central Division
Larry R. Godla	Vice President, Development and Construction
Jeffrey A. Grillo	Vice President, General Manager, Mid-Atlantic Div.
Lynn M. Hood	Vice President, General Manager, Southeast Division
Kathryn S. Hoops	Vice President, Director of Tax & Asst. Treasurer
Matthew S. Kang	Vice President, Treasurer
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
David B. Parker	Vice President, Asst. General Manager, Central Division
Richard A. Parr II	Vice President, General Counsel & Secretary
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
Kim Byk	Assistant Vice President, Clinical Support Services
Karen Davidson	Assistant Vice President, Clinical Consulting Services for the Eastern, West and Southeast Divisions
Veronica Fogelman	Assistant Vice President, Director of Sales Mngt.
Marty Grabijas	Assistant Vice President of Marketing Operations
Jeff Harris	Assistant Vice President, Director of Business Solutions
Beth Kaczor	Assistant Vice President, HR Operations
Annette Orłowski	Assistant Vice President, Clinical Services
Clifton J. Porter II	Assistant Vice President, Government Relations
Connie Wenz	Assistant Vice President, Clinical Services
Daniel A. Wood	Assistant Vice President, Assistant General Manager, Midwest Division
Thomas R. Kile	Assistant Treasurer
David K. Nees	Associate General Counsel, Assistant Secretary

DIRECTORS

ADDRESS FOR ALL ABOVE IS:

Paul A. Ormond
Stephen L. Guillard
Steven M. Cavanaugh

333 North Summit Street
Toledo, OH 43604
Ph: (419) 252-5500