

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90113 028 ***150.00

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DOCUMENT # 851012



1. Entity Name
HEALTH CARE AND RETIREMENT CORPORATION OF AMERICA
A

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



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **34-4402510**

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired **\$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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VSD	<input type="checkbox"/> Delete
NAME	BIXLER, JEFFREY R	
STREET ADDRESS	333 N. SUMMIT ST.	
CITY-ST-ZIP	TOLEDO OH 43604	
TITLE	PCEO	<input type="checkbox"/> Delete
NAME	ORMOND, PAUL	
STREET ADDRESS	333 N. SUMMIT ST.	
CITY-ST-ZIP	TOLEDO OH 43604	
TITLE	AST	<input type="checkbox"/> Delete
NAME	GEHRICH, DAVID LEE	
STREET ADDRESS	333 N. SUMMIT ST.	
CITY-ST-ZIP	TOLEDO OH 43604	
TITLE	VPCO	<input type="checkbox"/> Delete
NAME	WEIKEL, M. KEITH	
STREET ADDRESS	333 N. SUMMIT ST.	
CITY-ST-ZIP	TOLEDO OH 43604	
TITLE	VPCA	<input type="checkbox"/> Delete
NAME	MOLER, S.C.	
STREET ADDRESS	333 N. SUMMIT ST.	
CITY-ST-ZIP	TOLEDO OH 43604	
TITLE	EVPC	<input type="checkbox"/> Delete
NAME	MEYERS, G.G.	
STREET ADDRESS	333 N. SUMMIT ST.	
CITY-ST-ZIP	TOLEDO OH 43604	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

04-22-03 (419)252-5769
Date Daytime Phone #

CR2E034 (10/02)