

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**  
 05-21-2002 91195 003 \*\*\*150.00

**DOCUMENT # 854957**  
 1. Entity Name  
**MANORCARE HEALTH SERVICES, INC.**

Principal Place of Business Mailing Address  
**333 NORTH SUMMIT 333 NORTH SUMMIT**  
**TAX DEPT TAX DEPT**  
**TOLEDO OH 43699-0086 TOLEDO OH 43699-0086**  
**US US**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**52-0886946**

Applied For

Not Applicable

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

**C T CORPORATION SYSTEM Y**  
**1200 SOUTH PINE ISLAND RD.**  
**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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
 NAME **PCEO**  
 STREET ADDRESS **ORMOND, PAUL A**  
 CITY-ST-ZIP **333 NORTH SUMMIT**  
**TOLEDO OH 43604**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME **VCOO**  
 STREET ADDRESS **WEIKEL, M. KEITH**  
 CITY-ST-ZIP **333 NORTH SUMMIT**  
**TOLEDO OH 43604**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*

**REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04-22-02 (419) 252-5764

CR2E034 (9/01)

MANORCARE HEALTH SERVICES, INC.

Attach#

854957/665048

OFFICERS

Paul A. Ormond	Chairman, President & Chief Executive Officer
M. Keith Weikel	Sr. Exec. Vice President & Chief Operating Officer
Geoffrey G. Meyers	Executive Vice President, Chief Financial Officer & Assistant Secretary
R. Jeffrey Bixler	Vice President, General Counsel & Secretary
Steven M. Cavanaugh	Vice President, Director of Corporate Development & Assistant Secretary
Nancy A. Edwards	Vice President, General Manager, Central Division
Larry R. Godla	Vice President, Development & Construction
John K. Graham	Vice President, Director of Rehabilitation Services
Jeffrey A. Grillo	Vice President, General Manager, Mid-Atlantic Div.
Douglas G. Haag	Vice President, Treasurer
William H. Kinschner	Vice President, Director of Management Support Services
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
O. William Morrison	Vice President, General Manager, Eastern Div.
Wade B. O'Brian	Vice President, Director of Human Resources and Labor Relations & Assistant Secretary
Richard W. Parades	Vice President, General Manager, Mid-States Div.
John I. Remenar	Vice President, Director of Financial Services & Assistant Treasurer
F. Joseph Schmitt	Vice President, General Manager, Southern Div.
Jo Ann Young	Vice President, General Manager of Assisted Living
Frank T. Alcorn	Assistant Vice President, Director of Internal Audit and Risk Management
Martin D. Allen	Assistant Vice President, Director of Reimbursement Services
Karen Bell	Assistant Vice President, Professional Services For Home Health Care and Hospice
Veronica Fogelman	Assistant Vice President, Director of Sales Management
Patricia Gillette	Assistant Vice President, Director of Workforce Management
Jeff Harris	Assistant Vice President, Director of Business Solutions
Richard Keller	Assistant Vice President, Director of Information Technology
R. Kenneth McManis	Assistant Vice President, Director of Facility Management
Annete Orłowski	Assistant Vice President, Clinical Services
Connie Wenz	Assistant Vice President, Clinical Services
Daniel A. Wood	Assistant Vice President, Director of Employee Relations
David L. Gehrich	Assistant Secretary & Assistant Treasurer
Thomas R. Kile	Assistant Treasurer
David K. Nees	Associate General Counsel & Assistant Secretary

DIRECTORS

ADDRESS FOR ALL ABOVE IS:

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

333 N. Summit St.  
Toledo, OH 43604