

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

04-12-2004 90646 013 \*\*\*150.00

**DOCUMENT # 854957**

1. Entity Name  
**MANORCARE HEALTH SERVICES, INC.**



Principal Place of Business

**333 NORTH SUMMIT  
TAX DEPT  
TOLEDO, OH 43699-0086 US**

Mailing Address

**333 NORTH SUMMIT  
TAX DEPT  
TOLEDO, OH 43699-0086 US**

14008200



01072004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

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

**C T CORPORATION SYSTEM Y  
1200 SOUTH PINE ISLAND RD.  
PLANTATION, FL 33324**

**DO NOT WRITE  
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO ORMOND, PAUL A 333 NORTH SUMMIT TOLEDO, OH 43604
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCOO WEIKEL, M. KEITH 333 NORTH SUMMIT TOLEDO, OH 43604
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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: *X O P Schrub*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-01-04

Date

(419) 252-5764

Daytime Phone #

*Attachment*  
MANORCARE HEALTH SERVICES, INC.

14002238  
# 854957

OFFICERS

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

R. Jeffrey Bixler  
Steven M. Cavanaugh

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  
Annete Orlovski  
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  
& Director of Operations Support  
Vice President, General Manager, Central Division  
Vice President, Development & Construction  
Vice President, General Manager, Eastern Division  
Vice President, General Manager, Mid-Atlantic Div.  
Vice President, Treasurer  
Vice President, Director of Tax & Assistant Treasurer  
Vice President, Director of Management Support Svcs.  
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 Div.  
Vice President, Director of Financial Services  
& Assistant Treasurer  
Vice President, General Manager, Southern Div.  
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 Mngt.  
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  
Employee Relations  
Assistant Secretary & Assistant Treasurer  
Assistant Treasurer  
Associate General Counsel & Assistant Secretary

ADDRESS FOR ALL ABOVE IS:

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