

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90512 022 ***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**

50045131



02032005 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
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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

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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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-25-05 (419) 252-5794
Date Daytime Phone #

ATTACHMENT

50045/31
854957

MANORCARE HEALTH SERVICES, INC.

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, Treasurer & 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, General Manager, Eastern Division
Jeffrey A. Grillo	Vice President, General Manager, Mid-Atlantic Div.
Kathryn S. Hoops	Vice President, Director of Tax & Assistant Treasurer
William H. Kinschner	Vice President, Director of Management Support Svcs.
David B. Lanning	Vice President, Development
Barry A. Lazarus	Vice President, Director of Reimbursement
Larry C. Lester	Vice President of Marketing, General Manager, Midwest Division
Spencer C. Moler	Vice President, Controller & Assistant Secretary
James P. Pagoaga	Vice President, Rehabilitation Services
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.
Steven D. Spencer	Vice President, Director of Human Resources and Labor Relations & Assistant Secretary
Jo Ann Young	Vice President, General Manager of Assisted Living
Martin D. Allen	Assistant Vice President, Director of Internal Audit and Risk Management
Karen Bell	Assistant Vice President, Professional Services for Home Health Care and Hospice
Wally Dandy	Assistant Vice President & Assistant General Manager, Southern Division
Veronica Fogelman	Assistant Vice President, Director of Sales Mngt.
Patricia Gillette	Assistant Vice President, Director of Workforce Management
Jeff Harris	Assistant Vice President, Director of Business Solutions
Keith Helmer	Assistant Vice President, Assistant General Manager, Midwest Division
Lynn Hood	Assistant Vice President, Assistant General Manager, Southern Division
Richard Keller	Assistant Vice President, Director of Information Technology
R. Kenneth McManis	Assistant Vice President, Director of Facility Mngt.
Annete Orlowski	Assistant Vice President, Clinical Services
David B. Parker	Assistant Vice President, Assistant General Manager, Central Division
Clifton J. Porter II	Assistant Vice President, Government Relations
Donna Weimer	Assistant Vice President, Marketing-Operations

ATTACHMENT

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ManorCare Health Services, Inc. (continued)

Connie Wenz	Assistant Vice President, Clinical Services
Daniel A. Wood	Assistant Vice President, Assistant General Manager Midwest Division
David L. Gehrich	Assistant Secretary & Assistant Treasurer
Matthew S. Kang	Assistant Treasurer
Thomas R. Kile	Assistant Treasurer
David K. Nees	Associate General Counsel & Assistant Secretary

DIRECTORS

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

ADDRESS FOR ALL ABOVE IS:

333 North Summit Street
Toledo, OH 43604

Ph: (419) 252-5500