

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 854957

1. Entity Name
MANORCARE HEALTH SERVICES, INC.



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

05-02-2003 90113 017 ***150.00

0696960 AB

10030000



☐ CHECK HERE IF MAKING CHANGES

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**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**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 NAME STREET ADDRESS CITY-ST-ZIP | PCEO ORMOND, PAUL A 333 NORTH SUMMIT TOLEDO OH 43604 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VCOO WEIKEL, M. KEITH 333 NORTH SUMMIT TOLEDO OH 43604 | <input type="checkbox"/> Delete |
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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* **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-22-03 (419)252-5764
Date Daytime Phone #

CR2E034 (10/02)