

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 02, 2008 8:00 am
Secretary of State

06-02-2008 90002 015 ***150.00

DOCUMENT # F07000002550					
1. Entity Name INLAND AMERICAN HEALTHCARE GROUP, INC.					
Principal Place of Business 2901 BUTTERFIELD RD OAK BROOK, IL 60523			Mailing Address 2901 BUTTERFIELD RD OAK BROOK, IL 60523		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	05062008 Chg-P CR2E034 (12/06)	
4. FEI Number 26-0141731				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$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 1200 SOUTH 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCGUINNESS, THOMAS P 2901 BUTTERFIELD RD OAK BROOK, IL 60523 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Senior VP/Asset Management <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Craig Lamberg 390 N. Orange Avenue, Suite 1650 Orlando, Florida 32801	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT FOUST, LORI 2901 BUTTERFIELD RD OAK BROOK, IL 60523 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/Acquisitions <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition John Krueger 390 N. Orange Avenue, Suite 1650 Orlando, Florida 32801	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUJRAL, BRENDA G 2901 BUTTERFIELD RD OAK BROOK, IL 60523 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO, President & Director <input type="checkbox"/> Delete VERBAAS, MARCEL 750 S ORLANDO AVE SUITE 201 WINTER PARK, FL 32789		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO, President & Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Marcel Verbaas 390 N. Orange Avenue, Suite 1650 Orlando, Florida 32801	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP HENDRIKSEN, EDWIN 750 S ORLANDO AVE SUITE 201 WINTER PARK, FL 32789 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Senior VP and Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Edwin Hendriksen 390 N. Orange Avenue, Suite 1650 Orlando, Florida 32801	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WILTON, SCOTT 2901 BUTTERFIELD RD OAK BROOK, IL 60523 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____			Scott W. Wilton, Secretary 5-7-08 630/218-8000		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

ATTACHMENT

40106986

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Inland American Healthcare Group, Inc.

Directors:

Lori J. Foust	Director	2901 Butterfield Road Oak Brook, Illinois 60523
Edwin Hendriksen	Director	Bank of America Center 390 North Orange Avenue, Suite 1650 Orlando, Florida 32801
Marcel Verbaas	Director	Bank of America Center 390 North Orange Avenue, Suite 1650 Orlando, Florida 32801
Scott W. Wilton	Director	2901 Butterfield Road Oak Brook, Illinois 60523

Officers:

Marcel Verbaas	President and CEO	Bank of America Center 390 North Orange Avenue, Suite 1650 Orlando, Florida 32801
Edwin Hendriksen	Senior Vice President	Bank of America Center 390 North Orange Avenue, Suite 1650 Orlando, Florida 32801
Craig Lamberg	Senior Vice President/Asset Management	Bank of America Center 390 North Orange Avenue, Suite 1650 Orlando, Florida 32801
John Krueger	Vice President/Acquisitions	Bank of America Center 390 North Orange Avenue, Suite 1650 Orlando, Florida 32801
Lori J. Foust	Treasurer	2901 Butterfield Road Oak Brook, Illinois 60523
Scott W. Wilton	Secretary	2901 Butterfield Road Oak Brook, Illinois 60523