

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000002550

FILED
Apr 17, 2012
Secretary of State

Entity Name: INLAND AMERICAN HEALTHCARE GROUP, INC.

Current Principal Place of Business:

2901 BUTTERFIELD ROAD
OAK BROOK, IL 60523

New Principal Place of Business:

Current Mailing Address:

2901 BUTTERFIELD ROAD
OAK BROOK, IL 60523

New Mailing Address:

FEI Number: 26-0141731

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: EVP
Name: LAMBERT, CRAIG E
Address: 200 S. ORANGE AVENUE, SUITE 1200
City-St-Zip: ORLANDO, FL 32801

Title: DT
Name: POTTS, JACK H
Address: 2901 BUTTERFIELD RD
City-St-Zip: OAK BROOK, IL 60523

Title: DP
Name: VERBAAS, MARCEL
Address: 200 S. ORANGE AVENUE, SUITE 1200
City-St-Zip: ORLANDO, FL 32801

Title: DS
Name: WILTON, SCOTT W
Address: 2901 BUTTERFIELD ROAD
City-St-Zip: OAK BROOK, IL 60523

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SCOTT W. WILTON, SECRETARY

DS

04/17/2012

Electronic Signature of Signing Officer or Director

Date