

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11000003947

FILED
Apr 18, 2012
Secretary of State

Entity Name: INVACARE CONTINUING CARE, INC.

Current Principal Place of Business:

ONE INVACARE WAY
ELYRIA, OH 44035

New Principal Place of Business:

Current Mailing Address:

ONE INVACARE WAY
ELYRIA, OH 44035

New Mailing Address:

FEI Number: 43-1696816

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD
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: PD
Name: BLOUCH, GERALD B
Address: ONE INVACARE WAY
City-St-Zip: ELYRIA, OH 44035

Title: VPTD
Name: GUDBRANSON, ROBERT K
Address: ONE INVACARE WAY
City-St-Zip: ELYRIA, OH 44035

Title: S
Name: LAPLACA, ANTHONY C
Address: ONE INVACARE WAY
City-St-Zip: ELYRIA, OH 44035

Title: C
Name: MIXON, A MALACHI III
Address: ONE INVACARE WAY
City-St-Zip: ELYRIA, OH 44035

Title: VPGM
Name: SOTAK, MICHAEL A
Address: ONE INVACARE WAY
City-St-Zip: ELYRIA, OH 44035

Title: VP
Name: FOX, JEROME E JR
Address: ONE INVACARE WAY
City-St-Zip: ELYRIA, OH 44035

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: ANTHONY C. LAPLACA

S

04/18/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date