## **2001 UNIFORM BUSINESS REPORT (UBR)**

## May 14, 2001 8:00 am Secretary of State **DOCUMENT # F44356** 1. Entity Name 05-14-2001 90203 007 \*\*\*150.00 MANOR CARE OF DUNEDIN, INC. Principal Place of Business Mailing Address 870 PATRIÇIA AVE 333 NORTH SUMMIT DUNEDIN FL 34698 764344 TOLEDO OH 43699-0086 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite Apt. #. etc. Applied For City & State City & State 4. FEI Number 52-1252397 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND RD. **PLANTATION FL 33324** City 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. CR2E034 (10/00) PCED Change Change ☐ Addition **VPGS** TITLE TITLE ☐ Delete ORMOND, PAUL A. NAME NAME ORMOND, PAUL A 233 N. SUMMIT ST. STREET ADDRESS STREET ADDRESS 333 NORTH SUMMIT CITY-ST-ZIP Toledo, 04 43604 CITY-ST-ZIP TOLEDO OH 43699-0086 UP COO Change ☐ Delete TITLE ☐ Addition TITLE weikel, M.KeitH NAME NAME WEIKEL, M. KEITH 333 North summit st. STREET ADDRESS 333 NORTH SUMMIT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TOLEDO OH 43699-0086 Toledo nd 43604 TITLE Change ☐ Addition .Delete TITLE CCEO BAINUM JR., STEWART NAME STREET ADDRESS STREET ADDRESS 11555 DARNESTAIN RD CITY-ST-7IP CITY-ST-ZIP **GAITHERSBURG MD 20878** Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**FILED** 

Manor Care of Dunedin, Inc.

**OFFICERS** 

Paul A. Ormond

M. Keith Weikel Geoffrey G. Meyers

R. Jeffrey Bixler Steven M. Cavanaugh

Nancy A. Edwards Larry R. Godla

John K. Graham Jeffrey A. Grillo

Douglas G. Haag David C. Heberling William H. Kinschner

Barry A. Lazarus Larry C. Lester

Spencer C. Moler O. William Morrison

Wade B. O'Brian

Richard W. Parades John I. Remenar

F. Joseph Schmitt Martin D. Allen

David L. Gehrich

Thomas R. Kile David K. Nees

Chairman, President & Chief Executive Officer Sr. Exec. Vice President & Chief Operating Officer Executive Vice President, Chief Financial Officer & Assistant Secretary

Vice President, General Counsel & Secretary Vice President, Director of Corporate

Development & Assistant Secretary

Vice President, General Manager, Central Div.

Vice President, Development & Construction

Vice President, Director of Rehabilitation Services

Vice President, General Manager, Mid-Atlantic Div.

Vice President, Treasurer Vice President, Employee Relations Vice President, Director of Management Support Services

Vice President, Director of Reimbursement

Vice President, General Manager, Midwest Division

Vice President, Controller & Assistant Secretary

Vice President, General Manager, Eastern Div.

Vice President, Director of Human Resources

and Labor Relations & Assistant Secretary Vice President, General Manager, Mid-States Div.

Vice President, Director of Financial Services

& Assistant Treasurer

Vice President, General Manager, Southern Div.

Assistant Vice President, Director of Reimbursement Services

Assistant Secretary & Assistant Treasurer

Assistant Treasurer

Associate General Counsel & Assistant Secretary

## DIRECTORS

R. Jeffrey Bixler

## ADDRESS FOR ALL ABOVE IS:

333 N. Summit St. Toledo, Ohio 43604 Phone: (419) 252-5500