

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Mar 22, 1999 8:00 am**  
**Secretary of State**

03-22-1999 90050 021 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # F56167**

1. Corporation Name  
**MANOR CARE OF SARASOTA, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 5511 SWIFT ROAD, SARASOTA FL 34231, US  
 Mailing Address: ~~11555 DARNESTOWN RD, GAITHERSBURG MD 20878~~  
 US 333 NORTH Summit, TOLEDO OH 43699-0086

3. Date Incorporated or Qualified: 11/25/1981  
 4. FEI Number: 52-1252364  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
 6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
 8. This corporation owes the current year Intangible Personal Property Tax:  Yes  No

2. Principal Place of Business: 21  
 2a. Mailing Address: 26 333 NORTH Summit  
 Suite, Apt. #, etc.: 22 TAX Dept  
 City & State: 23 Toledo, OH  
 Zip: 24 43699-0086 Country: 25 Country: 29

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

UNITED STATES CORPORATION COMPANY  
 1201 HAYS STREET  
 SUITE 105  
 TALLAHASSEE FL 32301

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City: FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	CEO	<input checked="" type="checkbox"/> DELETE
NAME	BAINUM, STEWART, JR	
STREET ADDRESS	11555 DARNESTAIN RD	
CITY-ST-ZIP	GAITHERSBURG MD 20878	
TITLE	VPGS	<input checked="" type="checkbox"/> DELETE
NAME	REMPE, JAMES	
STREET ADDRESS	11555 DARNESTAIN RD	
CITY-ST-ZIP	GAITHERSBURG MD 20878	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	KEMEZYS, PETER K.	
STREET ADDRESS	11555 DARNESTAIN RD	
CITY-ST-ZIP	GAITHERSBURG MD 20878	
TITLE	SEE ATTACHED	<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PAUL A ORMOND	
1.3 STREET ADDRESS	333 NORTH Summit	
1.4 CITY-ST-ZIP	TOLEDO, OH 43699-0086	
2.1 TITLE	M. Keith Weikel	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	333 NORTH Summit	
2.4 CITY-ST-ZIP	TOLEDO OH 43699-0086	
3.1 TITLE	Geoffrey G Meyers	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	333 NORTH Summit	
3.4 CITY-ST-ZIP	TOLEDO OH 43699-0086	
4.1 TITLE	SEE ATTACHED	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Peter Childs SIGNATURE REQUIRED

2/17/99

419-252-5885

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

247344-90050-21  
F56167

**ManorCare Health Services, Inc.  
and most wholly owned subsidiaries**

**Directors:**

Paul A. Ormond  
M. Keith Weikel  
Geoffrey G. Meyers

**Officers:**

Paul A. Ormond	Chairman, President & Chief Executive Officer
M. Keith Weikel	Senior Executive Vice President & Chief Operating Officer
Geoffrey G. Meyers	Executive Vice President, Chief Financial Officer & Assistant Secretary
R. Jeffrey Bixler	Vice President, General Counsel & Secretary
Spencer C. Moler	Vice President & Assistant Secretary
John P. McKenna	Senior Vice President, ALF Start-Up
Wolfgang von Maack	Senior Vice President, Healthcare Services
James H. Rempe	Senior Vice President
K. Peter Kemezys	Vice President, Associate General Counsel & Assistant Secretary
Leo H. Phillips, Jr.	Vice President, Associate General Counsel & Assistant Secretary
Judy Dabertin	Vice President, General Mgr., Chicago/West District
Larry R. Godla	Vice President, Construction
David C. Heberling	Vice President, Employee Relations
Debra Howe	Vice President, General Manager, Mid-Atlantic District
Robert A. Johnson	Vice President, Reimbursement
James Pagoaga	Vice President, Rehabilitation Services
Richard Parades	Vice President, General Manager, Mid-States District
Marcia Reihart	Vice President, General Manager, Eastern District
Nancy A. Edwards	Vice President, General Manager, Central Division
Jeffrey W. Ferguson	Vice President, General Manager, Midwest Division
F. Joseph Schmitt	Vice President, General Manager, Southern Division
Margarita Schoendorfer	Vice President, Controller
John P. Butenas	Assistant General Counsel & Assistant Secretary
Douglas Haag	Treasurer
Peter L. Childs	Assistant Treasurer
David L. Gehrich	Assistant Treasurer

Address for the above is as follows:

HCR Manor Care  
333 North Summit  
Toledo, OH 43699-0086