PROFIT CORPORATION :/ ANNUAL REPORT

1999



Mailing Address

11555 DARNESTOWN RD **GAITHERSBURG MD 20878**

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F71887

1. Corporation Name

Principal Place of Business 3001 S CONGRESS AVE

BOYNTON BCH FL 33426

MANOR CARE OF BOYNTON BEACH, INC.

05		US					
	•				3. Date Incorporated or Qualifed		
					03/09/1982 4. FEI Number	17	Applied For
<u>⊢</u> ≒ ′	lace of Business	2a. Mailing Address	\sim	<u>Timo</u>	•• • • • • • • • • • • • • • • • • • • •	H	Not Applicable
26 333 NR H 3			1 <u> </u>	(min)		\$8.7	5 Additional
Conto, ripte in, otor			~~		5. Certifcate of Status Desired		Required
22 27 X 27 City & State City & State					6. Election Campaign Financing	\$5.	00 May Be
	e	28 T 0 le 00	Ur	7	Trust Fund Contribution		ed to Fees
Zip	Country	Zip	Country	<u> </u>	8. This corporation owes the current year In		
⊢ '	25	29 4369-0086			Personal Property Tax.	Yes	×Νο
24	9. Name and Address of Current		"		10. Name and Address of New Registered	Agent	
	9. Name and Address of Current	registored Agent	81	Name			
, IINU	TED STATES CORPORATION COM	IPANY	-		House (F.O. Day Number in Not Acceptable)		
1201 HAYS STREET			82	Street A	ddress (P.O. Box Number is Not Acceptable)		
	E 105		83				
TALI	LAHASSEE FL 32301		84	City		85 2	Zip Code
					F <u>L</u>	. -	
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							
office or r	registered agent, or both, in the State on the state of the state of the military and accept the obligat	t Fiorida. Such change was autt	iorizea by	the corpor	ration's goard of directors. Thereby accept the appo	i itilierit a	3 registered
SIGNATURE	in tollinar that, and accept the early-						
Stgnature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent						1D DIDE	27000 MI 42
12.	OFFICERS ANI		13.		ADDITIONS/CHANGES TO OFFICERS A	Char	
TITLE	CEOD	₹ DELETE	1.1 TITLE	+	David A Marana	DET CHAI	ige
NAME	BAINUM, STEWART JR		1.2 NAME	1.	THOU A CHUONO	· 	
STREET ADDRESS			1.3 STREE	TADDRÉSS	333 NOUTH SOUNT	$\lambda \alpha \alpha$	ano)
CITY-ST-ZIP	GAITHERSBURG MD 20878		1.4 CITY-S	T-ZIP	TOLE DO OH HX	<u>44~(</u>	age Addition
TITLE	SVPD	DELETE	2.1 TITLE		- 11	⁺ Ghar	ige Addition
NAME	REMPE, JAMES H		2.2 NAME	'	W KEINH MEIKEI		
STREET ADDRESS	11555 DARNESTOWN RD		2.3 STREE	TADDRESS	333 NORTH SUMM	\mathcal{T}	2-01
CITY-ST-ZIP	GAITHERSBURG MD 20878		2.4 CITY-5	T-ZIP	TOLEDO OH 436	<u>ነዓ ~</u>	<u>008 P</u>
TITLE	ASGC	SOELETE	3.1 TITLE		SEE ATTACHED LIST	_ Char	nge
NAME	KEMEZYS, PETER K.	,	3.2 NAME		THE WINDWELL IT 21		
STREET ADDRESS	11555 DARNESTOWN RD		3.3 STŘEE	T ADDRESS	\		
CITY-ST-ZIP	GAITHERSBURG MD 20878	· · · · · · · · · · · · · · · · · · ·	3.4. CITY- \$	ST-ZIP			
TITLE	SVPA	₹ DELETE	4.1 TITLE		1	☐ Chai	nge
NAME	BOSTON, WALLACE E JR		4. 2 NAME		/		
STREET ADDRESS	5320 BUTLER COURT		4.3 STREE	T ADDRESS	1		
CITY-ST-ZIP	COLUMBIA MD 21044		4.4 CITY-8	T-ZIP			
TITLE	SVP	DOELETE	5.1 TITLE	1	{	☐ Char	nge 🗌 Addition
NAME	VON MAACK, WOLFGANG	•	5.2 NAME				
STREET ADDRESS	8025 GLENGALEN LANE		5.3 STREE	TADDRESS	1		
1	CHEVY CHASE MD 20815		5.4 CITY-S	T. 7IP	· ·		

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.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

VPGM

MUELLER, JUDITH E

DARIEN IL 60561

1441 COVENTRY COURT

URE RECUMED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

419-252-5885

☐ Change

☐ Addition

FILED

Secretary of State

03-22-1999 90050 025 ***150.00

DO NOT WRITE IN THIS SPACE

Mar 22, 1999 8:00 am

ManorCare Health Services, Inc. and most wholly owned subsidiaries

Directors:

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

Officers:

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

Chairman, President & Chief Executive Officer Senior Executive Vice President & Chief Operating Officer Executive Vice President, Chief Financial Officer &

Assistant Secretary

R. Jeffrey Bixler Spencer C. Moler John P. McKenna Wolfgang von Maack James H. Rempe

Vice President, General Counsel & Secretary Vice President & Assistant Secretary Senior Vice President, ALF Start-Up Senior Vice President, Healthcare Services Senior Vice President

K. Peter Kemezys Leo H. Phillips, Jr. Judy Dabertin

Vice President, Associate General Counsel & Assistant Secretary Vice President, Associate General Counsel & Assistant Secretary

Larry R. Godla

Vice President, General Mgr., Chicago/West District Vice President, Construction

David C. Heberling Debra Howe

Vice President, Employee Relations

Robert A. Johnson

Vice President, General Manager, Mid-Atlantic District

James Pagoaga

Vice President, Reimbursement Vice President, Rehabilitation Services

Richard Parades Marcia Reihart Nancy A. Edwards Jeffrey W. Ferguson F. Joseph Schmitt

Vice President, General Manager, Mid-States District Vice President, General Manager, Eastern District Vice President, General Manager, Central Division Vice President, General Manager, Midwest Division Vice President, General Manager, Southern Division

Margarita Schoendorfer

Vice President, Controller

John P. Butenas Douglas Haag

Assistant General Counsel & Assistant Secretary Treasurer

Peter L. Childs David L. Gehrich Assistant Treasurer Assistant Treasurer

Address for the above is as follows:

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