PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F71888

MANOR CARE OF BOCA RATON, INC.

-			
<u>L</u>			
ÜS			
BC	D NW :	SIST ST	IHEE I L 33435
l			
P	rincipa	l Place	of Busine

Mailing Address

11555 DARNESTOWN RD GAITHERSBURG FL 20878

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

03/09/1982

FILED Mar 22, 1999 8:00 am Secretary of State 03-22-1999 90058 008 ***150.00

|--|

2. Principal Place of Business		2a. Mailing Address			4. FEI Number			pplied For	
21		26 333 NORTH SUMMIT			52-1297340	N	ot Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additional				
22		27 TAX DEOT			Fee Required				
City & Sta	te	City & State			6. Election Campaign Financing \$5.00 May Be			May Be	
23		28 TOLEDO OH			Trust Fund Contribution Added to Fees				
Zip	Country	Zip Country			8. This corporation owes the current year Intangible			\	
24	25	29 43699-008630		Personal Property Tax.					
	9. Name and Address of Current	Registered Agent			10. Name and Add	ress of New Registered	Agent	<i>F</i>	
LINIO	FED STATES CORPORATION COM	DANIV	81	Name		•		(
	I HAYS STREET	ANT		82 Street Address (P.O. Box Number is Not Acceptable)					
بكد	TE 105 .								
IALI	LAHASSEE FL 32301		84	City	85 Zip Coc				
			04	City		FL	85 Zip	Code	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	, the above	-named corp	poration submits this sta	ement for the purpose of	changing its	registered	
	registered agent, or both, in the State of im familiar with, and accept the obligatio				ion's board of directors.	hereby accept the appo	intment as re	gistered	
-								f	
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: Ri	egistered Agen	t signature require	ed when reinstating)	DATE			
12.	OFFICERS AND	DIRECTORS			ADDITIONS/CHA	NGES TO OFFICERS AI	ND DIRECTO	DRS IN 12	9
TITLE	VPGS	DELETE 1.1 TIT		_			Change	☐ Addition	;
NAME	REMPE, JAMES H.			12 NAME PRUL A ORMOND					
STREET ADDRESS 11555 DARNESTOWN RD			1.3 STREET AD		PAUL A ORMOND 333 NORTH SUMMIT				Š
CITY-ST-ZIP GAITHERSBURG MD 20878			1.4 CITY-ST	-ZIP	Tolepo ()H 43699	200-	ا ما ا	Š
TITLE	CCEO	∑ DELETE	2.1 TITLE		,		Change	Addition	Ċ
NAME	Bainum Jr., Stewart		2.2 NAME	6	n.Keith Weikel				
STREET ADDRESS	11555 DARNESTOWN ROAD		2.3 STREET	ADDRESS 7	M.Keith Wikel 333 NORTH SUMMIT			.	
CITY-ST-ZIP	GAITHERSBURG MD 20878		2. 4 CITY-ST-ZIP		LOPUN OH ANDONOSP				
TITLE	PD	DELETE	3.1 T/TLE		SEE AM	nalla II.	Change	Addition	
NAME	TOMOSSA, DONALD C.	ŕ	3.2 NAME	'	JULY AUT	1014601 Pi	アさ		
STREET ADDRESS	11555 DARNESTOWN ROAD	!	3.3 STREET	ADDRESS	. 1	•	- •		
CITY-ST-ZIP	GAITHERSBURG MD 20878		3.4. CITY-S	r-zip	1			}	
TITLE	EVP	DELETE	4.1 TITLE		•		☐ Change	Addition	
NAME	BUCKLEY, JOSEPH R.		4. 2 NAME		,	1		1	
STREET ADDRESS			4.3 STREET	ADDRESS		ļ			
CITY-ST-ZIP	GAITHERSBURG MD 20878	4,4 CIT		- ZIP		j		.	
TITLE	EVPO	₩ DELETE	5.1 TITLE				Change	Addition	
NAME	MCKENNA, JOHN P.		5.2 NAME			}	•	ļ	
STREET ADDRESS			5.3 STREET	ADDRESS					
CITY-ST-ZIP	GAITHERSBURG MD 20878		5.4 CITY-ST	-ZIP	ı				
TITLE	EVPO	₩ DELETE	6.1 TITLE	-			☐ Change	Addition	
NAME	VAN HOVE SCOTT	,	6.2 NAME	1	Į				

297731-90058-8 F71888

ManorCare Health Services, Inc.