## **2004 FOR PROFIT CORPORATION** ANNUAL REPORT

## **DOCUMENT # F71888**

1. Entity Name

MANOR CARE OF BOCA RATON, INC.



Principal Place of Business

375 NW 51ST STREET BOCA RATON, FL 33435

US

Mailing Address

333 NORTH SUMMIT

TAX DEPT TOLEDO, OH 43699-0086 US

**FILED** Apr 12, 2004 8:00 am Secretary of State

04-12-2004 90645 043 \*\*\*150.00

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## DO NOT WRITE IN THIS SPACE

01072004

No Chg-P

CR2E034 (10/03)

4. FEI Number 52-1297340

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324

# DO NOT WRITE IN THIS SPACE

L					
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE Signature. Nyoed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
agreement years a primary and a region of a green of the companion of the					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		<ol> <li>Election Campaign Finan Trust Fund Contribution.</li> </ol>	cing 📑	\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO ORMOND, PAUL A 333 NORTH SUMMIT TOLEDO, OH 43604				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VGCS BIXLER, R. JEFFREY 333 N. SUMMIT ST. TOLEDO, OH 43604				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT KILE, THOMAS R 333 N. SUMMIT TOLEDO, OH 43604			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPDR LAZARUS, BARRY A 333 N. SUMMIT ST. TOLEDO, OH 43604			IN T	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASAT GEHRICH, DAVID L 333 N. SUMMIT ST. TOLEDO, OH 43604			,	· .
TITLE NAME STREET ADDRESS C/TY-ST-ZIP	VT HAAG, DOUGLAS G 333 N. SUMMIT ST. TOLEDO, OH 43604				

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 10 or Block 11 if changed, or on an attachment with an address, with all other fixe empowered.

NTED NAME OF SIGNING OFFICER OR DIRECTOR

attachment

#F71889

## Manor Care of Boca Raton, Inc.

#### OFFICERS

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

R. Jeffrey Bixler Steven M. Cavanaugh

William J. Chenevert

Nancy A. Edwards Larry R. Godla John K. Graham Jeffrey A. Grillo Douglas G. Haag Kathryn S. Hoops William H. Kinschner

David B. Lanning Barry A. Lazarus Larry C. Lester

Spencer C. Moler Wade B. O'Brian

James P. Pagoaga Richard W. Parades John I. Remenar

F. Joseph Schmitt Jo Ann Young Martin D. Allen

David L. Gehrich Thomas R. Kile David K. Nees

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, West Division and Director of Operations Support

Vice President, General Manager, Central Division

Vice President, Development & Construction

Vice President, General Manager, Eastern Division

Vice President, General Manager, Mid-Atlantic Div.

Vice President, Treasurer
Vice President, Director of Tax & Asst. Treasurer
Vice President, Director of Management

Support Services

Vice President, Development

Vice President, Director of Reimbursement

Vice President of Marketing,

General Manager, Midwest Division

Vice President, Controller & Assistant Secretary

Vice President, Director of Human Resources and Labor Relations & Assistant Secretary

Vice President, Rehabilitation Services

Vice President, General Manager, Mid-States Div.

Vice President, Director of Financial Services

& Assistant Treasurer

Vice President, General Manager, Southern Division

Vice President, General Manager of Assisted Living

Assistant Vice President, Director of

Internal Audit and Risk Management

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