
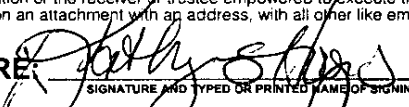


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2006 8:00 am
Secretary of State

05-19-2006 90027 027 ***150.00

DOCUMENT # F93000003441 1. Entity Name MANOR CARE OF AMERICA, INC.					
Principal Place of Business 333 NORTH SUMMIT TAX DEPT TOLEDO, OH 43699-0086 US			Mailing Address 333 NORTH SUMMIT TAX DEPT TOLEDO, OH 43699-0086 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 52-1200376	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO ORMOND, PAUL A 333 NORTH SUMMIT TOLEDO, OH 43604 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCOO WEIKEL, M. KEITH 333 NORTH SUMMIT TOLEDO, OH 43604 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 like empowered.					
SIGNATURE:  Kathryn S. Hoops 4/24/06 (499) 258-5264 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

ATTACHMENT

40053324

Manor Care of America, Inc.

OFFICERS

#F93000003441

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

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

Stephen L. Guillard
R. Jeffrey Bixler
Steven M. Cavanaugh

Executive Vice President
Vice President, General Counsel & Secretary
Vice President, Director of Corporate
Development & Assistant Secretary

Nancy A. Edwards
Mark J. Gloth
Larry R. Godla
Jeffrey A. Grillo
Kathryn S. Hoops
Matthew S. Kang

Vice President, General Manager, Central Div.
Vice President, Chief Medical Officer
Vice President, Development & Construction
Vice President, General Manager, Mid-Atlantic Div.
Vice President, Director of Tax & Assistant Treasurer
Vice President, Treasurer

William H. Kinschner

Vice President, Director of Management
Support Services

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

Vice President, Development
Vice President, Director of Reimbursement
Vice President, General Manager, Midwest Division
Vice President, Controller, Assistant Treasurer
& Assistant Secretary

Susan E. Morey
James P. Pagoaga
Michael J. Reed
John I. Remenar
F. Joseph Schmitt
Steven D. Spencer

Vice President, General Manager, Eastern Division
Vice President, Rehabilitation Services
Vice President, General Manager, Assisted Living Div.
Vice President, Director of Financial Services
Vice President, General Manager, West Division
Vice President, Director of Human Resources and
& Assistant Secretary

Martin D. Allen

Assistant Vice President, Director of
Internal Audit and Risk Management

Thomas R. Kile
David K. Nees

Assistant Treasurer
Associate General Counsel & Assistant Secretary

DIRECTORS

Paul A. Ormond
M. Keith Weikel
Stephen L. Guillard

ADDRESS FOR ALL ABOVE IS:

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