


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90081 036 \*\*\*150.00

|  |   |
|--|---|
| <b>DOCUMENT # F93000003441</b>                       |  |
| 1. Entity Name<br><b>MANOR CARE OF AMERICA, INC.</b> |   |

|  |  |
|--|--|
| Principal Place of Business<br><b>333 NORTH SUMMIT<br/>TAX DEPT<br/>TOLEDO, OH 43699-0086 US</b> | Mailing Address<br><b>333 NORTH SUMMIT<br/>TAX DEPT<br/>TOLEDO, OH 43699-0086 US</b> |
|--|--|

|  |         |                     |         |
|--|---------|---------------------|---------|
| 2. Principal Place of Business - No P.O. Box # |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.                            |         | Suite, Apt. #, etc. |         |
| City & State                                   |         | City & State        |         |
| Zip  | Country | Zip                 | Country |

40099889



04202007 Chg-P CR2E034 (12/06)

|   |  |  |  |
|---|--|--|--|
| 6. Name and Address of Current Registered Agent<br><b>CT CORPORATION SYSTEM<br/>1200 SOUTH PINE ISLAND RD.<br/>PLANTATION, FL 33324</b> |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code |  |
|---|--|--|--|

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>52-1200376</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|---|---------------------------------------|

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 \_\_\_\_\_

|   |  |
|---|--|
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2007 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |
|---|--|

| 10. OFFICERS AND DIRECTORS                     |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|--|---|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PCEO<br/>ORMOND, PAUL A<br/>333 NORTH SUMMIT<br/>TOLEDO, OH 43604</b> <input type="checkbox"/> Delete              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VCOO<br/>WEIKEL, M. KEITH<br/>333 NORTH SUMMIT<br/>TOLEDO, OH 43604</b> <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>VCOO<br/>Stephen L. Guillard<br/>333 N. Summit St.<br/>Toledo, OH 43604</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>VP/Director of Tax<br/>Kathryn S. Hoops<br/>333 N. Summit St.<br/>Toledo, OH 43604</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
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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* **V.P./Director of Tax** *4/24/07* *419-252-5896*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #

ATTACHMENT 40099889

#1-93000003441

Manor Care of America, Inc.

**OFFICERS**

Paul A. Ormond  
Stephen L. Guillard  
Steven M. Cavanaugh

Nancy A. Edwards  
Mark J. Gloth, DO  
Larry R. Godla  
Jeffrey A. Grillo  
Lynn M. Hood  
Kathryn S. Hoops  
Matthew S. Kang  
David B. Lanning  
Barry A. Lazarus  
Larry C. Lester  
Spencer C. Moler

Susan E. Morey  
James P. Pagoaga  
David B. Parker  
Richard A. Parr II  
Michael J. Reed  
John I. Remenar  
F. Joseph Schmitt  
Steven D. Spencer

Martin D. Allen

John Huber  
Rick Rump  
Thomas R. Kile  
David K. Nees

Chairman, President & Chief Executive Officer  
Executive Vice President, Chief Operating Officer  
Vice President, Chief Financial Officer  
& Assistant Secretary  
Vice President, General Manager, Central Div.  
Vice President, Chief Medical Officer  
Vice President, Development & Construction  
Vice President, General Manager, Mid-Atlantic Div.  
Vice President, General Manager, Southeast Division  
Vice President, Director of Tax & Assistant Treasurer  
Vice President, Treasurer  
Vice President, Development  
Vice President, Director of Reimbursement  
Vice President, General Manager, Midwest Division  
Vice President, Controller, Assistant Treasurer  
& Assistant Secretary  
Vice President, General Manager, Eastern Division  
Vice President, Rehabilitation Services  
Vice President, Asst. General Manager, Central Division  
Vice President, General Counsel & Secretary  
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  
Assistant Vice President, Director of  
Internal Audit and Risk Management  
Assistant Vice President  
Assistant Vice President, Corporate Communications  
Assistant Treasurer  
Associate General Counsel & Assistant Secretary

**DIRECTORS**

Paul A. Ormond  
Stephen L. Guillard  
Steven M. Cavanaugh

**ADDRESS FOR ALL ABOVE IS:**

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