


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90464 004 ***150.00

| | | | | | |
|---|---|--|--|--|--|
| DOCUMENT # F95000001678 1. Entity Name RICHARDS HEALTHCARE, INC. | | | |  | |
| Principal Place of Business 333 N SUMMIT ST TOLEDO, OH 43699 | | | Mailing Address 333 N SUMMIT ST TOLEDO, OH 43699 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 | | | | 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, 2005 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 | P RICHARDS, RICK R 333 N SUMMIT ST 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 K 333 N SUMMIT ST 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 | VCFS MEYERS, GEOFFREY G 333 N SUMMIT ST 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 | VPDS O'BRIAN, WADE B 333 N SUMMIT ST TOLEDO, OH 43604 <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | V.P./Director of Tax Kathryn S. Hoops 333 N. Summit St. Toledo, OH 43604 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPDR LAZARUS, BARRY A 333 N SUMMIT ST 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 | |
| 12. 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 like empowered. | | | | | |
| SIGNATURE: _____ | | | 04-25-05 (419) 252-5764 Date Daytime Phone # | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |

ATTACHMENT

RICHARDS HEALTHCARE, INC.

40072616

#795000001678

OFFICERS

| | |
|----------------------|---|
| Paul A. Ormond | Chief Executive Officer |
| Rick R. Richards | President |
| M. Keith Weikel | Sr. Exec. Vice President & Chief Operating Officer |
| Geoffrey G. Meyers | Executive Vice President, Chief Financial Officer, Treasurer & Assistant Secretary |
| R. Jeffrey Bixler | Vice President, General Counsel & Secretary |
| Steven M. Cavanaugh | Vice President, Director of Corporate Development & Assistant Secretary |
| Nancy A. Edwards | Vice President, General Manager, Central Division |
| Larry R. Godla | Vice President, Development & Construction |
| John K. Graham | Vice President, General Manager, Eastern Division |
| Jeffrey A. Grillo | Vice President, General Manager, Mid-Atlantic Div. |
| Kathryn S. Hoops | Vice President, Director of Tax & Assistant Treasurer |
| William H. Kinschner | Vice President, Director of Management Support Services |
| David B. Lanning | Vice President, Development |
| Barry A. Lazarus | Vice President, Director of Reimbursement |
| Larry C. Lester | Vice President of Marketing, General Manager, Midwest Division |
| Spencer C. Moler | Vice President, Controller & Assistant Secretary |
| James P. Pagoaga | Vice President, Rehabilitation Services |
| Richard W. Parades | Vice President, General Manager, Mid-States Div. |
| John I. Remenar | Vice President, Director of Financial Services & Assistant Treasurer |
| F. Joseph Schmitt | Vice President, General Manager, Southern Div. |
| Steven D. Spencer | Vice President, Director of Human Resources & Assistant Secretary |
| Jo Ann Young | Vice President, General Manager of Assisted Living |
| Martin D. Allen | Assistant Vice President, Director of Internal Audit and Risk Management |
| Matthew S. Kang | Assistant Treasurer |
| Thomas R. Kile | Assistant Treasurer |
| David K. Nees | 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