
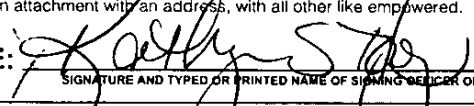


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2007 8:00 am**  
**Secretary of State**

05-04-2007 90085 031 \*\*\*150.00

<b>DOCUMENT # F95000001678</b> 1. Entity Name <b>RICHARDS HEALTHCARE, INC.</b>					
Principal Place of Business <b>333 N SUMMIT ST TOLEDO, OH 43699</b>			Mailing Address <b>333 N SUMMIT ST TOLEDO, OH 43699</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	4. FEI Number <b>76-0339241</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P RICHARDS, RICK R 333 N SUMMIT ST TOLEDO, OH 43604</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VCOO WEIKEL, M K 333 N SUMMIT ST TOLEDO, OH 43604</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VCFS MEYERS, GEOFFREY G 333 N SUMMIT ST TOLEDO, OH 43604</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VDOT HOOPS, KATHRYN S. 333 N. SUMMIT SOUTH TOLEDO, OH 43604</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPDR LAZARUS, BARRY A 333 N SUMMIT ST TOLEDO, OH 43604</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P Paul A. Ormond 333 N. Summit St. Toledo, OH 43604</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VCOO Stephen L. Grillard 333 N. Summit St. Toledo, OH 43604</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VCFO Steven M. Cavanaugh 333 N. Summit St. Toledo, OH 43604</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<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.					
<b>SIGNATURE:</b>  <b>Kathryn S. Hoops</b> Date <b>4/30/07</b> Daytime Phone # <b>419-252-5896</b>					

ATTACHMENT 40105544  
#F95 000001678  
RICHARDS HEALTHCARE, INC.

**OFFICERS**

Paul A. Ormond	President & Chief Executive Officer
Stephen L. Guillard	Executive Vice President, Chief Operating Officer
Steven M. Cavanaugh	Vice President, Chief Financial Officer & Assistant Secretary
Nancy A. Edwards	Vice President, General Manager, Central Division
Larry R. Godla	Vice President, Development & Construction
Jeffrey A. Grillo	Vice President, General Manager, Mid-Atlantic Div.
Lynn M. Hood	Vice President, General Manager, Southeast Division
Kathryn S. Hoops	Vice President, Director of Tax & Assistant Treasurer
Matthew S. Kang	Vice President, Treasurer
David B. Lanning	Vice President, Development
Barry A. Lazarus	Vice President, Director of Reimbursement
Larry C. Lester	Vice President, General Manager, Midwest Division
Spencer C. Moler	Vice President, Controller & Assistant Secretary
Susan E. Morey	Vice President, General Manager, Eastern Division
James P. Pagoaga	Vice President, Rehabilitation Services
David B. Parker	Vice President, Asst. General Manager, Central Division
Richard A. Parr II	Vice President, General Counsel & Secretary
Michael J. Reed	Vice President, General Manager, Assisted Living Div.
John I. Remenar	Vice President, Director of Financial Services & Assistant Treasurer
F. Joseph Schmitt	Vice President, General Manager, West Division
Steven D. Spencer	Vice President, Director of Human Resources & Assistant Secretary
Craig Vollmers	Vice President
Martin D. Allen	Assistant Vice President, Director of Internal Audit and Risk Management
Thomas R. Kile	Assistant Treasurer
David K. Nees	Associate General Counsel & Assistant Secretary

**DIRECTORS**

Matthew S. Kang

**ADDRESS FOR ALL ABOVE IS:**

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