


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90058 002 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F97000004971

1. Corporation Name
MANORCARE HEALTH SERVICES OF PLANTATION, INC.

Principal Place of Business 11555 DARNESTOWN RD. GAITHERSBURG MD 20878	Mailing Address 11555 DARNESTOWN RD. GAITHERSBURG MD 20878
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 333 North Summit	2a. Mailing Address 26 333 North Summit
Suite, Apt. #, etc. 22 Tax Dept	Suite, Apt. #, etc. 27 Tax Dept
City & State 23 Toledo OH	City & State 28 Toledo OH
Zip 24 43699-0086	Zip 29 43699-0086

3. Date Incorporated or Qualified 09/23/1997	Applied For Not Applicable
4. FEI Number 52-2055098	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAINUM, STEWART JR.	1.2 NAME	Paul A. Ormond
STREET ADDRESS	11555 DARNESTOWN RD.	1.3 STREET ADDRESS	333 North Summit
CITY-ST-ZIP	GAITHERSBURG MD 20878	1.4 CITY-ST-ZIP	Toledo OH 43699-0086
TITLE	DVS <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REMPE, JAMES H	2.2 NAME	M Keith Weikel
STREET ADDRESS	11555 DARNESTOWN RD.	2.3 STREET ADDRESS	333 North Summit
CITY-ST-ZIP	GAITHERSBURG MD 20878	2.4 CITY-ST-ZIP	Toledo OH 43699-0086
TITLE	DT <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COMAS, LEIGH C	3.2 NAME	SEE ATTACHED LIST
STREET ADDRESS	11555 DARNESTOWN RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	GAITHERSBURG MD 20878	3.4 CITY-ST-ZIP	
TITLE	P <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOMASSO, DONALD C	4.2 NAME	
STREET ADDRESS	11555 DARNESTOWN RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	GAITHERSBURG MD 20878	4.4 CITY-ST-ZIP	
TITLE	VAS <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHILLIPS, LEO H JR.	5.2 NAME	
STREET ADDRESS	11555 DARNESTOWN RD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	GAITHERSBURG MD 20878	5.4 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHOENDORFER, MARGARITA	6.2 NAME	
STREET ADDRESS	11555 DARNESTOWN RD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	GAITHERSBURG MD 20878	6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ SIGNATURE REQUIRED Peter Childs Date: **2/17/99** Daytime Phone #: **419-252-5885**

CR2E034 (1/98)

247725-90058-2
F970000 4971

**ManorCare Health Services, Inc.
and most wholly owned subsidiaries**

Directors:

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

Officers:

Paul A. Ormond	Chairman, President & Chief Executive Officer
M. Keith Weikel	Senior Executive Vice President & Chief Operating Officer
Geoffrey G. Meyers	Executive Vice President, Chief Financial Officer & Assistant Secretary
R. Jeffrey Bixler	Vice President, General Counsel & Secretary
Spencer C. Moler	Vice President & Assistant Secretary
John P. McKenna	Senior Vice President, ALF Start-Up
Wolfgang von Maack	Senior Vice President, Healthcare Services
James H. Rempe	Senior Vice President
K. Peter Kemezys	Vice President, Associate General Counsel & Assistant Secretary
Leo H. Phillips, Jr.	Vice President, Associate General Counsel & Assistant Secretary
Judy Dabertin	Vice President, General Mgr., Chicago/West District
Larry R. Godla	Vice President, Construction
David C. Heberling	Vice President, Employee Relations
Debra Howe	Vice President, General Manager, Mid-Atlantic District
Robert A. Johnson	Vice President, Reimbursement
James Pagoaga	Vice President, Rehabilitation Services
Richard Parades	Vice President, General Manager, Mid-States District
Marcia Reihart	Vice President, General Manager, Eastern District
Nancy A. Edwards	Vice President, General Manager, Central Division
Jeffrey W. Ferguson	Vice President, General Manager, Midwest Division
F. Joseph Schmitt	Vice President, General Manager, Southern Division
Margarita Schoendorfer	Vice President, Controller
John P. Butenas	Assistant General Counsel & Assistant Secretary
Douglas Haag	Treasurer
Peter L. Childs	Assistant Treasurer
David L. Gehrich	Assistant Treasurer

Address for the above is as follows:

HCR Manor Care
333 North Summit
Toledo, OH 43699-0086