

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State

0585479

DOCUMENT # F97000004971

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

05-14-2001 90203 011 ***150.00

104040



DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
333 NORTH SUMMIT TAX DEPT TOLEDO OH 43699-0086 US		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	52-2055098	Applied For	<input type="checkbox"/>
		Not Applicable	<input type="checkbox"/>
5. Certificate of Status Desired		<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. 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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C ORMOND, PAUL A 333 NORTH SUMMIT TOLEDO OH 43699-0086	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			PEEO Ormond, Paul A 333 North Summit St Toledo, OH 43604
			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS WEIKEL, M. KEITH 333 NORTH SUMMIT TOLEDO OH 43699-0086	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			VP COO Weikel, M. Keith 333 N. Summit St. Toledo, OH 43604
			<input checked="" 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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X O F Schult 04-25-01 (419) 252-5764
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)

Attachment
#F9700004971
764340

ManorCare Health Services of Plantation, Inc.

OFFICERS

Paul A. Ormond	Chairman, President & Chief Executive Officer
M. Keith Weikel	Sr. Exec. Vice President & Chief Operating Officer
Geoffrey G. Meyers	Executive Vice President, Chief Financial Officer & 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 Div.
Larry R. Godla	Vice President, Development & Construction
John K. Graham	Vice President, Director of Rehabilitation Services
Jeffrey A. Grillo	Vice President, General Manager, Mid-Atlantic Div.
Douglas G. Haag	Vice President, Treasurer
David C. Heberling	Vice President, Employee Relations
William H. Kinschner	Vice President, Director of Management Support Services
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
O. William Morrison	Vice President, General Manager, Eastern Div.
Wade B. O'Brian	Vice President, Director of Human Resources and Labor Relations & Assistant Secretary
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.
Martin D. Allen	Assistant Vice President, Director of Reimbursement Services
David L. Gehrich	Assistant Secretary & 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