2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED May 14, 2001 8:00 am Secretary of State DOCUMENT # **F98000005753** COLEWOOD CORPORATION WROW 6 Name (please connect) 05-14-2001 90203 015 ***150.00 American Hospital Building Corporation Principal Place of Business 333 NORTH SUMMIT 333 NORTH SUMMIT TAX DEPT TOLEDO OH 43699-0086 TOLEDO OH 43699-0086 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 52-0985621 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE Change Addition CR2E034 (10/00) CEO NAME ORMOND, PAUL A ORMOND, PAULA. STREET ADDRESS STREET ADDRESS 333 NORTH SUMMIT 303 N. SUMMIT ST. CITY-ST-ZIP CITY-ST-ZIP TOLEDO OH 43699-0086 DCEde, OH 43604 TITLE Delete TITLE (00 Change ☐ Addition weikel, M. Keitt 337N. Summit ST. WEIKEL, M. KEITH NAME NAME STREET ADDRESS 333 NORTH SUMMIT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TOLEDO OH 43699-0086 DA 43604 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.

NAME OF SIGNING OFFICER OR DIRECTOR

(419/252-5764

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American Hospital Building Corporation

OFFICERS

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

R. Jeffrey Bixler Steven M. Cavanaugh

Nancy A. Edwards Larry R. Godla John K. Graham Jeffrey A. Grillo Douglas G. Haag David C. Heberling William H. Kinschner

Barry A. Lazarus Larry C. Lester Larry C. Lester Spencer C. Moler O. William Morrison Wade B. O'Brian

Richard W. Parades John I. Remenar

F. Joseph Schmitt Martin D. Allen

David L. Gehrich Thomas R. Kile David K. Nees

Chairman, President & Chief Executive Officer Sr. Exec. Vice President & Chief Operating Officer Executive Vice President, Chief Financial Officer & Assistant Secretary

Vice President, General Counsel & Secretary Vice President, Director of Corporate Development & Assistant Secretary

Vice President, General Manager, Central Division

Vice President, Development & Construction

Vice President, Director of Rehabilitation Services Vice President, General Manager, Mid-Atlantic Div.

Vice President, Treasurer Vice President, Employee Relations Vice President, Director of Management Support Services

Vice President, Director of Reimbursement

Vice President, General Manager, Midwest Division Vice President, General Manager, Midwest Division

Vice President, Controller & Assistant Secretary

Vice President, General Manager, Eastern Div. Vice President, Director of Human Resources and Labor Relations & Assistant Secretary

Vice President, General Manager, Mid-States Div. Vice President, Director of Financial Services & Assistant Treasurer

Vice President, General Manager, Southern Div.

Assistant Vice President, Director of Reimbursement Services

Assistant Secretary & Assistant Treasurer

Assistant Treasurer

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