

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 08, 1999 8:00 am
Secretary of State

03-08-1999 90100 029 ***150.00

0008772

DOCUMENT # H25879

1. Corporation Name

MANOR CARE OF ORANGE COUNTY, INC.

Principal Place of Business

% MANOR CARE INC.
10750 COLUMBIA PIKE
SILVER SPRING FL 20901

Mailing Address

11555 DARNESTAIN ROAD
10750 COLUMBIA PIKE
GAITHERSBURG MD 20878
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/17/1984

4. FEI Number

52-1410048

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 333 NORTH Summit

Suite, Apt. #, etc.

22 TAX Dept

City & State

23 TOLEDO OH

24 43699-0086 25

Country

2a. Mailing Address

26 333 NORTH Summit

Suite, Apt. #, etc.

27 TAX Dept

City & State

28 TOLEDO OH

29 43699-0086 30

Country

9. Name and Address of Current Registered Agent

UNITED STATES CORPORATION COMPANY
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------------|--------|
| TITLE | VP | DELETE |
| NAME | REMPE, JAMES H. | |
| STREET ADDRESS | 11555 DARNESTAIN ROAD | |
| CITY-ST-ZIP | GAITHERSBURG MD 20878 | |
| TITLE | CEO | DELETE |
| NAME | BAINUM, STEWART J | |
| STREET ADDRESS | 12 PRIMROSE ST | |
| CITY-ST-ZIP | CHEVY CHASE MD 20815 | |
| TITLE | PD | DELETE |
| NAME | TOMASSO, DONALD C. | |
| STREET ADDRESS | 13145 SCARLET OAK DR | |
| CITY-ST-ZIP | DARNESTOWN MD 20878 | |
| TITLE | EVP | DELETE |
| NAME | BUCKLEY, JAMES H. | |
| STREET ADDRESS | 7610 CONNECTICUT AVE | |
| CITY-ST-ZIP | CHEVY CHASE MD 20815 | |
| TITLE | EVP | DELETE |
| NAME | VAN HOVE, SCOTT | |
| STREET ADDRESS | 1349 30TH ST, NW | |
| CITY-ST-ZIP | WASHINGTON DC 20007 | |
| TITLE | SVP | DELETE |
| NAME | MCKENNA, JOHN P. | |
| STREET ADDRESS | 5812 JUDGE DOBBIN COURT | |
| CITY-ST-ZIP | BALTIMORE MD 21227 | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | | |
|--------------------|----------------------|--------|----------|
| 1.1 TITLE | PAUL A ORMOND | Change | Addition |
| 1.2 NAME | 333 NORTH Summit | | |
| 1.3 STREET ADDRESS | TOLEDO OH 43699-0086 | | |
| 1.4 CITY-ST-ZIP | | | |
| 2.1 TITLE | M Keith Weikel | Change | Addition |
| 2.2 NAME | 333 NORTH Summit | | |
| 2.3 STREET ADDRESS | TOLEDO OH 43699-0086 | | |
| 2.4 CITY-ST-ZIP | | | |
| 3.1 TITLE | SEE Attached List | Change | Addition |
| 3.2 NAME | | | |
| 3.3 STREET ADDRESS | | | |
| 3.4 CITY-ST-ZIP | | | |
| 4.1 TITLE | | Change | Addition |
| 4.2 NAME | | | |
| 4.3 STREET ADDRESS | | | |
| 4.4 CITY-ST-ZIP | | | |
| 5.1 TITLE | | Change | Addition |
| 5.2 NAME | | | |
| 5.3 STREET ADDRESS | | | |
| 5.4 CITY-ST-ZIP | | | |
| 6.1 TITLE | | Change | Addition |
| 6.2 NAME | | | |
| 6.3 STREET ADDRESS | | | |
| 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Peter Childs

2/17/99

Date

419-252-5885

Daytime Phone #

CR2E034 (1/98)

189942-90100-29
H25879
Batch 90100

**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