

AND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # H34149

MANOR CARE OF BREVARD, INC.

Principal Place of Business

MANOR CARE INC.
10 COLUMBIA PIKE
SPRINGFIELD MD 20901

Mailing Address

11555 DARNESTOWN RD
10750 COLUMBIA PIKE
GAITHERSBURG FL 20878
US

FILED
Sep 07, 1999 8:00 am
Secretary of State

09-07-1999 90012 022 ***550.00

613074 - 90012 - 22



DO NOT WRITE IN THIS SPACE

Principal Place of Business

HCR Manor Care
Suite, Apt. #, etc.

2a. Mailing Address

26 P.O. Box 10086
Suite, Apt. #, etc.

City & State

Toledo, OH

City & State

28 Toledo, OH

Country
3649-0086 25 L

Country
29 43699-0086 30

3. Date Incorporated or Qualified

12/14/1984

4. FEI Number

52-1410055

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.



Yes No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

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

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.

NATURE

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

DATE

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

<input checked="" type="checkbox"/> DELETE	<input checked="" type="checkbox"/> DELETE
CEO REMPE, JAMES H. 11555 DARNESTOWN RD GAITHERSBURG MD 20878	1.1 TITLE Chairman, President 1.2 NAME Paul A. Ormond 1.3 STREET ADDRESS P.O. Box 10086 1.4 CITY-ST-ZIP Toledo, OH 43699-0086
<input checked="" type="checkbox"/> DELETE	<input checked="" type="checkbox"/> DELETE
AS KEMEZYS, K. PETER 11555 DARNESTOWN RD GAITHERSBURG MD 20878	2.1 TITLE Sr. Exec. Vice President 2.2 NAME M. Keith Warkal 2.3 STREET ADDRESS P.O. Box 10086 2.4 CITY-ST-ZIP Toledo, OH 43699-0086
<input checked="" type="checkbox"/> DELETE	<input checked="" type="checkbox"/> DELETE
CEO BAINUM, STEWART JR. 11555 DARNESTOWN RD GAITHERSBURG MD 20878	3.1 TITLE Exec. VP. Chief Financial Officer 3.2 NAME Geoffrey G. Meyers 3.3 STREET ADDRESS P.O. Box 10086 3.4 CITY-ST-ZIP Toledo, OH 43699-0086
<input checked="" type="checkbox"/> DELETE	<input checked="" type="checkbox"/> DELETE
VPO MCKENNA, JOHN P. 11555 DARNESTOWN RD GAITHERSBURG MD 20878	4.1 TITLE Treasurer 4.2 NAME Douglas G. Haag 4.3 STREET ADDRESS P.O. Box 10086 4.4 CITY-ST-ZIP Toledo, OH 43699-0086
<input type="checkbox"/> DELETE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
<input type="checkbox"/> DELETE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

See Attached

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.

SIGNATURE: X O and L. J. H. REQUIR Asst Secu/Asst Treas 8-31-99 (419) 255-5740

CR2E034 (5/99)

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Manor Care of Brevard, 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
Nancy A. Edwards	Vice President, General Manager, Central Division
Jeffrey W. Ferguson	Vice President, General Manager, Midwest Division
Larry R. Godla	Vice President, Construction
David C. Heberling	Vice President, Employee Relations
K. Peter Kemezys	Vice President, Assoc. Gen. Counsel & Ass't. Sec'y.
James P. Pagoaga	Vice President, Rehabilitation Services
Richard W. Parades	Vice President, General Manager, Mid States Div.
Leo H. Phillips, Jr.	Vice President, Assoc. Gen. Counsel & Ass't. Sec'y.
F. Joseph Schmitt	Vice President, General Manager, Southern Division
Douglas G. Haag	Treasurer
John P. Butenas	Asst. General Counsel & Asst. Secretary
David L. Gehrich	Assistant Secretary & Assistant Treasurer

DIRECTORS

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

ADDRESS FOR ALL ABOVE IS:

333 N. Summit St.
Toledo, Ohio 43699-0086
Phone: (419) 252-5500