

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90646 009 ***150.00

DOCUMENT # H62792

1. Entity Name
MANOR CARE OF FLORIDA, INC.



Principal Place of Business
**2851 TAMPA ROAD
PALM HARBOR, FL 34684 US**

Mailing Address
**333 NORTH SUMMIT
TAX DEPT
TOLEDO, OH 43699-0086 US**

14002242



01072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

| | |
|---|-------------------------------|
| 4. FEI Number 52-1479084 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

| | |
|----------------|------------------|
| TITLE | PCEO |
| NAME | ORMOND, PAUL A |
| STREET ADDRESS | 333 NORTH SUMMIT |
| CITY-ST-ZIP | TOLEDO, OH 43604 |

| | |
|----------------|------------------|
| TITLE | VCOO |
| NAME | WEIKEL, KEITH M |
| STREET ADDRESS | 333 NORTH SUMMIT |
| CITY-ST-ZIP | TOLEDO, OH 43604 |

| | |
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| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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| CITY-ST-ZIP | |

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IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-01-04 *(419) 252-5764*
Date Daytime Phone #

Attachment

Manor Care of Florida, Inc.

14002242
#62792

OFFICERS

| | |
|----------------------|--|
| Paul A. Ormond | 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 |
| William J. Chenevert | Vice President, General Manager, West Division and Director of Operations Support |
| Nancy A. Edwards | Vice President, General Manager, Central Div. |
| Larry R. Godla | Vice President, Development & Construction |
| John K. Graham | Vice President, General Manager, Eastern Division |
| Jeffrey A. Grillo | Vice President, General Manager, Mid-Atlantic Div. |
| Douglas G. Haag | Vice President, Treasurer |
| Kathryn S. Hoops | Vice President, Director of Tax & Asst. Treasurer |
| William H. Kinschner | Vice President, Director of Management Support Services |
| David B. Lanning | Vice President, Development |
| Barry A. Lazarus | Vice President, Director of Reimbursement |
| Larry C. Lester | Vice President of Marketing, General Manager, Midwest Division |
| Spencer C. Moler | Vice President, Controller & Assistant Secretary |
| James P. Pagoaga | Vice President, Rehabilitation Services |
| 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 Division |
| Jo Ann Young | Vice President, General Manager of Assisted Living |
| Martin D. Allen | Assistant Vice President, Director of Internal Audit and Risk Management |
| 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