

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90464 011 ***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**



03182005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 52-1479084	Applied For <input type="checkbox"/>
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO ORMOND, PAUL A 333 NORTH SUMMIT TOLEDO, OH 43604
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCOO WEIKEL, KEITH M 333 NORTH SUMMIT TOLEDO, OH 43604
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
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

04-25-05

Date

(419) 252-5794

Daytime Phone #

ATTACHMENT

Manor Care of Florida, Inc.

40072609

#62792

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
Kathryn S. Hoops
William H. Kinschner

David B. Lanning
Barry A. Lazarus
Larry C. Lester

Spencer C. Moler
James P. Pagoaga
Richard W. Parades
John I. Remenar

F. Joseph Schmitt
Steven D. Spencer

Jo Ann Young
Martin D. Allen

Matthew S. Kang
Thomas R. Kile
David K. Nees

President & Chief Executive Officer
Sr. Exec. Vice President & Chief Operating Officer
Executive Vice President, Chief Financial Officer,
Treasurer & Assistant Secretary
Vice President, General Counsel & Secretary
Vice President, Director of Corporate
Development & Assistant Secretary
Vice President, General Manager, Central Div.
Vice President, Development & Construction
Vice President, General Manager, Eastern Division
Vice President, General Manager, Mid-Atlantic Div.
Vice President, Director of Tax & Asst. Treasurer
Vice President, Director of Management
Support Services
Vice President, Development
Vice President, Director of Reimbursement
Vice President of Marketing,
General Manager, Midwest Division
Vice President, Controller & Assistant Secretary
Vice President, Rehabilitation Services
Vice President, General Manager, Mid-States Div.
Vice President, Director of Financial Services
& Assistant Treasurer
Vice President, General Manager, Southern Division
Vice President, Director of Human Resources
& Assistant Secretary
Vice President, General Manager of Assisted Living
Assistant Vice President, Director of
Internal Audit and Risk Management
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