

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Norman  
Secretary of State  
DIVISION OF CORPORATIONS

**APPROVED  
AND  
FILED**

**95 MAY -1 AM 11:26**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**DOCUMENT # J24428**

**(1)**

1. Corporation Name

**HIGHLANDS HEALTH CENTER, INC.**

Principal Place of Business

**1100 SHAWNEE RD.  
P.O. BOX 840  
LIMA OH 45802**

Mailing Address

**1100 SHAWNEE RD.  
P.O. BOX 840  
LIMA OH 45802**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**07/16/1986**

3a. Date of Last Report  
**05/01/1994**

4. FEI Number  
**34-1522934**

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 has liability for intangible tax under S. 199.032,  
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**INGUS, JOHN S.  
SHUMAKER, LOOP & KENDRICK  
201 E. KENNEDY BLVD., SUITE 111  
TAMPA FL 33602**

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 of person changing name of registered agent and the address

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>PD</b>
NAME	<b>BORRA, PIER C.</b>
STREET ADDRESS	<b>1100 SHAWNEE RD. BOX 840</b>
CITY, ST, ZIP	<b>LIMA OH</b>
TITLE	<b>S</b>
NAME	<b>ROUSH, BRAD C.</b>
STREET ADDRESS	<b>1100 SHAWNEE RD. BOX 840</b>
CITY, ST, ZIP	<b>LIMA OH</b>
TITLE	<b>DT</b>
NAME	<b>DUKEMAN, H.BRUCE</b>
STREET ADDRESS	<b>1100 SHAWNEE RD.</b>
CITY, ST, ZIP	<b>LIMA OH</b>
TITLE	<b>V</b>
NAME	<b>BENNETT, STEPHEN T.</b>
STREET ADDRESS	<b>1100 SHAWNEE RD.</b>
CITY, ST, ZIP	<b>LIMA OH</b>
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

**600001513156  
-06/14/95--01077--018  
\*\*\*\*\*200.00 \*\*\*\*\*200.00**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:**

*W. W. Delash...*

*W. W. Delash...*

*4/26/95*

*5/19/95 227-3000*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Number

J24428

SPECIAL POWER OF ATTORNEY  
OF  
ARBOR HEALTH CARE COMPANY, A DELAWARE CORPORATION  
TO  
WILLIAM W. WONDOLOWSKI

The undersigned hereby nominates and appoints William W. Wondolowski as its true and lawful attorney-in-fact to do and perform for and in the name of Arbor Health Care Company the following:

1. Authorized to sign workers' compensation forms, federal and state unemployment forms, any and all tax forms, and any and all employee benefit filings.

The above authorization shall pertain to the attached list of subsidiaries hereto marked as "Exhibit A".

IN FURTHERANCE OF THESE POWERS I give my attorney-in-fact power and authority to do for me and in my name those things which such attorney deems expedient to and necessary to effectuate the intent of this instrument, as fully as I could do personally for myself, reserving unto myself, however, the power to act on my own behalf and also to revoke the powers given in this instrument.

Persons to whom this instrument may be delivered may rely on its being in effect and unrevoked unless I shall have executed a proper instrument of revocation.

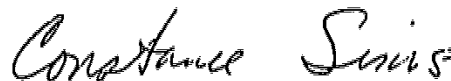
IN WITNESS WHEREOF, I have hereunto signed my name this 14th day of September, 1994.



H. Bruce Dukeman, Senior Vice President-Finance

ATTESTATION

Signature acknowledge in the presence of:



J24428

ACKNOWLEDGMENT

STATE OF OHIO       )  
                              )  
COUNTY OF ALLEN    )

Before me, a Notary Public in and for said County and State, personally appeared the above-named H. Bruce Dukeman, who acknowledged that he did sign the foregoing instrument and that the same is his free and voluntary act and deed.

In testimony whereof, I have hereunto set my hand and official seal at Lima, Ohio, this 14th day of September, 1994.

*Constance Sims*

Constance Sims - Notary Public

CONSTANCE SIMS  
Notary Public, State of Ohio  
My Commission Expires 12-26-1997

024428

EXHIBIT A

ARBOR HEALTH CARE COMPANY SUBSIDIARIES

Marshall Properties  
AHCC of North Carolina  
Arbors at Toledo  
Arbors at Ft. Wayne  
Arbors East  
Arbors Plus  
Woodsvew Nursing Center  
Greentree of Florida, Inc.  
Greentree Pharmacy, Inc.  
Arbors at New Lebanon  
Jefferson Health  
Calcutta Health Care Company  
Baker/Clay Health Care  
Highland Centers  
Bay Geriatric Pharmacy, Inc.  
Home Care Pharmacy