FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **APPROVED** FLORIDA DEPARTMENT OF STATE CORPORATION AND Sandra B. Mortham ANNUAL REPORT Secretary of State 1995 DIVISION OF CORPORATIONS 95 MAY - 1 AM 11: 25 **DOCUMENT # J56116** (3)SECRETARY OF STATE TALLAHASSEE, FLORIDA HOME CARE PHARMACY, INC. OF FLORIDA 900001513359 -06/15/95--01018--026 *****ŽÓŎ..00 *****2ŎŌ..00 Mailing Address Principal Place of Business 4677 LB MCLEOD ROAD 4403 VINELAND ROAD SUITE J SUME B-13 DO NOT WRITE IN THIS SPACE ORLANDO FL 32811 ORLANDO FL 32811 Date Incorporated or Qualified 3a. Date of Last Report 02/10/1987 03/03/1994 Applied For 4. FEI Number 2. Pencipal Place of Business Za. Mailing Address 59-2758082 Not Applicable P.O. Box 27 4677 LB McLeod \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 Sulte 6. Election Campaign Financing \$5.00 May Be City & State ðΗ П FL <u>Lima</u> Trust Fund Contribution Added to Fees 6. Trus conjuminar nes neusiny for intersplain Les unides 6, 100,000. Florida Statutes Yos No Lountry Drange 45802 Florida Statutes 29 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name KIEFER, NEIL G. 82 Street Address (P.O. Box Number is Not Acceptable) 100 2ND AVENUE SOUTH 83 SUITE 400 ST. PETERSBURG FL Zip Code 85 City 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 bound of directors. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607 0505, Florida Statutes. Tapatien tries s jestent term i nagutenat agent met ibr i Augustiu iffill fürfereiet Phan earties tiebmir man, man, materifest. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. President 1 1 Tiffel michael G. Kinter iıtı! HORNE, JAMES J. NAMI 4677 LB McLeod Rd., Ste J 2390 31ST ST., SOUTH LA STREET ADDRESS STREET ADDRESS Driando, FL 32811 Vice President ST. PETERSBURG FL 1.4 CHY ST 219 oth \$1 78 21100 hiti Richard J. Clark KINTER, MICHAEL G. 2.2 NAMÉ 2390 31ST STREET, SOUTH 2.3 STREET ADDRESS STREET ADDRESS ST. PETERSBURG FL 7.4 City St. ZiP <u>, 0H</u> on st *hi* Trange Addition Treasurer + Director 3 i lift! H. Bruce Dukeman 3.2 NAME HAME 1100 Shawner R 11 STREET ADDRESS ēl. STREET ADDRESS 3.4 City \$1.70° <u>i ma</u> gar st ar M Change 4 1 1011 ≤ecre+•• TITLE المسه 4.2 NAME ∆rad _ HAMI 4 DISTRECT ADDRESS 1106 3 STREET ADDRESS: 4.4 GBY ST 70° ÇHY ÇI 70P عحطا 5 i mu irectori fiftE ነer ር 5.2 8880 HAMI 5 TRUBET ADDRESS 1100 21 STREET ADDRESS. 54 0019 51 705 city of 78 6.1 1010 hhi 6.2 HAMI HAMI 6 3 STREET ADDRESS SHILL ADDRESS 64 00% 51 70% 14. Leto beroby certify that the information supplied with this bling is voluntarily furnished and does not quality for the assumption stated in Section 119 07(\$)(a), Florida Shitutes. I better certify that the information indicated in this annual report or supplemental annual report is true and accounte and that my signature shall have the same legal effect as it made under calls, that I am an efficiency of the corporation or the receiver or fundou improveded to assist this report as required by Chapter 607, Florida Statutes, and that my reposition in thick 12 or Block 13 of charged, or on an attachment with an address. cury of the

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SIGNATURE:

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(419) 277- 3644

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SPECIAL POWER OF ATTORNEY ARBOR HEALTH CARE COMPANY, A DELAWARE CORPORATION 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:

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: ______ Cheky2 2 Ricker _____ Constance Sinis

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 - Notary Public

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

Constance Simis

J5616

EXHIBIT A

ARBOR HEALTH CARE COMPANY SUBSIDIARIES

Marshall Properties AHCC of North Carolina Arbors at Toledo Arbors at Ft. Wayne Arbors East Arbors Plus Woodsview 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 Phannacy, Inc. Home Care Pharmacy