

7/13/2017

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L1700007509

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (512)418-6949
Fax Number : (954)208-0845

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SECRETARY OF STATE
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
HCR MANOR CARE SERVICES OF FLORIDA III, LLC

| | |
|-----------------------|---------|
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JUL 14 2017
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HCR Manor Care Services of Florida III, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Cheryl Adamski

Name of Person

HCR ManorCare

Firm/Company

333 N. Summit St.

Address

Toledo, Ohio 43604

City/State and Zip Code

cadamski@hcr-manorcare.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Person

at ()

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

CR2E062 (2/14)

**STATEMENT OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

FIRST: The name of the limited liability company is: _____
HCR Manor Care Services of Florida III, LLC

SECOND: The Florida Document number of the limited liability company is: 117000007509

THIRD: Document to be corrected is:
Articles of Organization

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)

- ☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

In Article IV in the Articles of Organization - the Management Structure attachment is incorrect.

It does not include the Title and Title Role of the officers and directors.

Corrected Management Structure attachment is attached hereto to include the Name, Title, Role & Address

OR

- ☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

OR

- ☐ The electronic transmission of the record was defective.

Cheryl Adamski
Signature of Authorized Representative Cheryl Adamski

7-12-2017

Date

FILED
 2017 JUL 13 AM 9:01
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)

| Name | Title | Title Role | Address |
|------------------------|--------------------------|------------|--|
| Allen, Marlin David | Director | Director | 333 N. Summit Street, Toledo, Ohio 43604 |
| Hoops, Kathryn Sue | Vice President | Officer | 333 N. Summit Street, Toledo, Ohio 43604 |
| Kaczor, Elizabeth M. | Vice President | Officer | 333 N. Summit Street, Toledo, Ohio 43604 |
| Kight, Daniel Hill | Treasurer | Officer | 333 N. Summit Street, Toledo, Ohio 43604 |
| Kile, Thomas R. | Assistant Treasurer | Officer | 333 N. Summit Street, Toledo, Ohio 43604 |
| McCormick, Patricia A. | Secretary | Officer | 333 N. Summit Street, Toledo, Ohio 43604 |
| Reed, Michael John | President | Officer | 333 N. Summit Street, Toledo, Ohio 43604 |
| Talbert, Eric John | Assistant Vice President | Officer | 333 N. Summit Street, Toledo, Ohio 43604 |

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