

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

DOCUMENT # M07000005213

1. Entity Name  
MANOR CARE OF W. PALM BEACH FL, LLC



Principal Place of Business  
333 N. SUMMIT STREET  
TOLEDO, OH 43604

Mailing Address

333 N. SUMMIT STREET  
TOLEDO, OH 43604

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
26-0624142

Applied For  
Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required

**6. Name and Address of Current Registered Agent**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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 \$138.75  
After May 1, 2008 Fee will be \$538.75**

Make check payable to  
Florida Department of State

**9. MANAGING MEMBERS/MANAGERS**

**10. ADDITIONS/CHANGES**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MANORCARE HEALTH SERVICES, INC. 333 N. SUMMIT STREET TOLEDO, OH 43604	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HCR III Healthcare, LLC 333 N. Summit St. Toledo, OH 43604	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Kathryn S. Hops

Date

Daytime Phone #

419-252-5794



50005027

04-30-2008 90018 024 \*\*\*138.75

**FILED  
Apr 30, 2008 8:00 am  
Secretary of State**