

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000006588

**FILED**  
**Apr 11, 2011**  
**Secretary of State**

**Entity Name:** MANORCARE HEALTH SERVICES, LLC

**Current Principal Place of Business:**

333 N. SUMMIT STREET  
TOLEDO, OH 43604

**New Principal Place of Business:**

333 N. SUMMIT STREET  
TOLEDO, OH 43604 US

**Current Mailing Address:**

333 N. SUMMIT STREET  
TOLEDO, OH 43604

**New Mailing Address:**

333 N. SUMMIT STREET  
TOLEDO, OH 43604 US

**FEI Number:** 26-1305666

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** HCR HEALTHCARE, LLC  
**Address:** 333 N. SUMMIT STREET  
**City-St-Zip:** TOLEDO, OH 43604 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: LAURA LOUIS

POA

04/11/2011

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date