

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90074 002 ****50.00

DOCUMENT # M98000000337

1. Entity Name

TUSCAWILLA ARDEN, LLC

Principal Place of Business

**333 NORTH SUMMIT
TAX DEPT.
TOLEDO OH 43604-2617**

Mailing Address

**333 NORTH SUMMIT
TAX DEPT.
TOLEDO OH 43604-2617**

956449

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

52-2092162

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New 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.

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 \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
MANORCARE HEALTH SERVICES, INC.
333 NORTH SUMMIT
TOLEDO OH 43604-2617** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CPD
ORMOND, PAUL A
333 NORTH SUMMIT
TOLEDO OH 43604-2617** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
WEIKEL, M. KEITH
333 NORTH SUMMIT
TOLEDO OH 43604-2617** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VASD
MEYERS, GEOFFREY
333 NORTH SUMMIT
TOLEDO OH 43604-2617** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VS
BIXLER, R. JEFFREY
333 NORTH SUMMIT
TOLEDO OH 43604-2617** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VAS
CAVANAUGH, STEVEN M
333 NORTH SUMMIT
TOLEDO OH 43604-2617** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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]* **REQUIRED**

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

Date

Daytime Phone #

04-22-02 (419) 252-5764

CR2E083 (9/01)

MANORCARE HEALTH SERVICES, INC.

Attachment
950449

OFFICERS

Paul A. Ormond
M. Keith Weikel
Geoffrey G. Meyers

R. Jeffrey Bixler
Steven M. Cavanaugh

Nancy A. Edwards
Larry R. Godla
John K. Graham
Jeffrey A. Grillo
Douglas G. Haag
William H. Kinschner

David B. Lanning
Barry A. Lazarus
Larry C. Lester
Spencer C. Moler
O. William Morrison
Wade B. O'Brian

Richard W. Parades
John I. Remenar

F. Joseph Schmitt
Jo Ann Young
Frank T. Alcorn

Martin D. Allen

Karen Bell

Veronica Fogelman

Patricia Gillette

Jeff Harris

Richard Keller

R. Kenneth McManis

Annete Orłowski
Connie Wenz
Daniel A. Wood

David L. Gehrich
Thomas R. Kile
David K. Nees

Chairman, President & Chief Executive Officer
Sr. Exec. Vice President & Chief Operating Officer
Executive Vice President, Chief Financial Officer
& Assistant Secretary
Vice President, General Counsel & Secretary
Vice President, Director of Corporate
Development & Assistant Secretary
Vice President, General Manager, Central Division
Vice President, Development & Construction
Vice President, Director of Rehabilitation Services
Vice President, General Manager, Mid-Atlantic Div.
Vice President, Treasurer
Vice President, Director of Management
Support Services
Vice President, Development
Vice President, Director of Reimbursement
Vice President, General Manager, Midwest Division
Vice President, Controller & Assistant Secretary
Vice President, General Manager, Eastern Div.
Vice President, Director of Human Resources
and Labor Relations & Assistant Secretary
Vice President, General Manager, Mid-States Div.
Vice President, Director of Financial Services &
Assistant Treasurer
Vice President, General Manager, Southern Div.
Vice President, General Manager of Assisted Living
Assistant Vice President, Director of
Internal Audit and Risk Management
Assistant Vice President, Director of
Reimbursement Services
Assistant Vice President, Professional Services
For Home Health Care and Hospice
Assistant Vice President, Director
of Sales Management
Assistant Vice President, Director of
Workforce Management
Assistant Vice President, Director of
Business Solutions
Assistant Vice President, Director of
Information Technology
Assistant Vice President, Director of
Facility Management
Assistant Vice President, Clinical Services
Assistant Vice President, Clinical Services
Assistant Vice President, Director of
Employee Relations
Assistant Secretary & Assistant Treasurer
Assistant Treasurer
Associate General Counsel & Assistant Secretary

DIRECTORS

ADDRESS FOR ALL ABOVE IS:

Paul A. Ormond
Geoffrey G. Meyers
M. Keith Weikel

333 N. Summit St.
Toledo, OH 43604