

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 13, 2004 8:00 am
Secretary of State

04-13-2004 90330 016 ****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**



01072004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

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

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

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME MANORCARE HEALTH SERVICES, INC.
STREET ADDRESS 333 NORTH SUMMIT
CITY-ST-ZIP TOLEDO, OH 436042617

TITLE CPD
NAME ORMOND, PAUL A
STREET ADDRESS 333 NORTH SUMMIT
CITY-ST-ZIP TOLEDO, OH 436042617

TITLE VD
NAME WEIKEL, M. KEITH
STREET ADDRESS 333 NORTH SUMMIT
CITY-ST-ZIP TOLEDO, OH 436042617

TITLE VASD
NAME MEYERS, GEOFFREY
STREET ADDRESS 333 NORTH SUMMIT
CITY-ST-ZIP TOLEDO, OH 436042617

TITLE VS
NAME BIXLER, R. JEFFREY
STREET ADDRESS 333 NORTH SUMMIT
CITY-ST-ZIP TOLEDO, OH 436042617

TITLE VAS
NAME CAVANAUGH, STEVEN M
STREET ADDRESS 333 NORTH SUMMIT
CITY-ST-ZIP TOLEDO, OH 436042617

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IN THIS SPACE**

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: *X O L Roberts*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

04-01-04

Date

(419) 252-5764
Daytime Phone #

Attachment 24040435

MANORCARE HEALTH SERVICES, INC.

#M98000000337

OFFICERS

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

R. Jeffrey Bixler
Steven M. Cavanaugh

William J. Chenevert

Nancy A. Edwards
Larry R. Godla
John K. Graham
Jeffrey A. Grillo
Douglas G. Haag
Kathryn S. Hoops
William H. Kinschner
David B. Lanning
Barry A. Lazarus
Larry C. Lester

Spencer C. Moler
Wade B. O'Brian

James P. Pagoaga
Richard W. Parades
John I. Remenar

F. Joseph Schmitt
Jo Ann Young
Martin D. Allen

Karen Bell

Veronica Fogelman
Patricia Gillette

Jeff Harris

Keith Helmer

Richard Keller

R. Kenneth McManis
Annete Orłowski
David B. Parker
Donna Weimer
Connie Wenz
Daniel A. Wood

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

DIRECTORS

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

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, West Division
& Director of Operations Support
Vice President, General Manager, Central Division
Vice President, Development & Construction
Vice President, General Manager, Eastern Division
Vice President, General Manager, Mid-Atlantic Div.
Vice President, Treasurer
Vice President, Director of Tax & Assistant Treasurer
Vice President, Director of Management Support Svs.
Vice President, Development
Vice President, Director of Reimbursement
Vice President of Marketing, General Manager,
Midwest Division
Vice President, Controller & Assistant Secretary
Vice President, Director of Human Resources
and Labor Relations & Assistant Secretary
Vice President, Rehabilitation Services
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, Professional Services
for Home Health Care and Hospice
Assistant Vice President, Director of Sales Mngt.
Assistant Vice President, Director of
Workforce Management
Assistant Vice President, Director of
Business Solutions
Assistant Vice President, Assistant General Manager,
Midwest Division
Assistant Vice President, Director of
Information Technology
Assistant Vice President, Director of Facility Mngt.
Assistant Vice President, Clinical Services
Assistant Vice President, Assistant General Manager
Assistant Vice President, Marketing-Operations
Assistant Vice President, Clinical Services
Assistant Vice President, Director of
Employee Relations
Assistant Secretary & Assistant Treasurer
Assistant Treasurer
Associate General Counsel & Assistant Secretary

ADDRESS FOR ALL ABOVE IS:

333 N. Summit St.
Toledo, OH 43604
Phone: (419) 252-5500