

2001 UNIFORM BUSINESS REPORT (UBR)

0030570 AB

DOCUMENT # M98000000844

1. Entity Name
TAMPA 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

FILED

01 MAY 16 PM 3:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 52-2113270

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

7. Name and Address of New Registered Agent

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

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGRM
STREET ADDRESS MANOR CARE OF AMERICA, INC.
CITY-ST-ZIP 333 NORTH SUMMIT
TOLEDO OH 43604-2617 ☐ Delete

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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

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: *XOR*

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

04-25-01

Date

(419) 253-5764

Daytime Phone #

CR2E083 (11/00)

Manor Care of America, Inc.

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
David C. Heberling
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
Martin D. Allen

David L. Gehrich
Kenneth Gelfarb
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 Div.
Vice President, Development & Construction
Vice President, Director of Rehabilitation Services
Vice President, General Manager, Mid-Atlantic Div.
Vice President, Treasurer
Vice President, Employee Relations
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 Treasurer
& 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
Vice President, General Manager, Southern Div.
Vice President, General Manager of Assisted Living
Assistant Vice President, Director of
Reimbursement Services

Assistant Secretary & Assistant Treasurer
Assistant Secretary
Assistant Treasurer
Associate General Counsel & Assistant Secretary

DIRECTORS

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

ADDRESS FOR ALL ABOVE IS:

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