

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

04-13-2004 90330 021 ****50.00

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**



01072004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

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**

**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
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
MANOR CARE OF AMERICA, INC.
333 NORTH SUMMIT
TOLEDO, OH 436042617**

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
MEYERS, GEOFFREY G
333 NORTH SUMMIT
TOLEDO, OH 43604**

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

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

**DO NOT WRITE
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: *L O Schaub*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

04-01-04
Date

(419) 252-5764
Daytime Phone #

Attachment 24048430

Manor Care of America, Inc.

#M98000000844

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

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, West Division
and Director of Operations Support
Vice President, General Manager, Central Div.
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 Services
Vice President, Development
Vice President, Director of Reimbursement
Vice President of Marketing,
General Manager, Midwest Division
Vice President, Controller, Assistant Treasurer
& 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
Vice President, General Manager, Southern Div.
Vice President, General Manager of Assisted Living
Assistant Vice President, Director of
Internal Audit and Risk Management
Assistant Secretary & Assistant Treasurer
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