

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

**4000000**

Secretary of State  
05-02-2007 90350 004 \*\*\*\*50.00

DOCUMENT # M98000000844

1. Entity Name  
TAMPA ARDEN, LLC

|                                                                                       |                                                                           |
|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------|
| Principal Place of Business<br>333 NORTH SUMMIT<br>TAX DEPT.<br>TOLEDO, OH 43604-2617 | Mailing Address<br>333 NORTH SUMMIT<br>TAX DEPT.<br>TOLEDO, OH 43604-2617 |
|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------|

|                                                |         |                     |         |
|------------------------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business - No P.O. Box # |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.                            |         | Suite, Apt. #, etc. |         |
| City & State                                   |         | City & State        |         |
| Zip                                            | Country | Zip                 | Country |

04202007 Chg-LLC CR2E083 (12/06)

|                             |                                                        |
|-----------------------------|--------------------------------------------------------|
| 4. FEI Number<br>52-2113270 | Applied For<br><input type="checkbox"/> Not Applicable |
|-----------------------------|--------------------------------------------------------|

|                                                           |                                |
|-----------------------------------------------------------|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
|-----------------------------------------------------------|--------------------------------|

|                                                                                                                                  |
|----------------------------------------------------------------------------------------------------------------------------------|
| 6. Name and Address of Current Registered Agent<br>C T CORPORATION SYSTEM<br>1200 SOUTH PINE ISLAND ROAD<br>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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))

|                                          |                                                   |
|------------------------------------------|---------------------------------------------------|
| Filing Fee is \$50.00 Due by May 1, 2007 | Make check payable to Florida Department of State |
|------------------------------------------|---------------------------------------------------|

| 9. MANAGING MEMBERS/MANAGERS |                             |                                            |  | 10. ADDITIONS/CHANGES |                     |                                            |                                              |
|------------------------------|-----------------------------|--------------------------------------------|--|-----------------------|---------------------|--------------------------------------------|----------------------------------------------|
| TITLE                        | MGRM                        | <input type="checkbox"/> Delete            |  | TITLE                 |                     | <input type="checkbox"/> Change            | <input type="checkbox"/> Addition            |
| NAME                         | MANOR CARE OF AMERICA, INC. |                                            |  | NAME                  |                     |                                            |                                              |
| STREET ADDRESS               | 333 NORTH SUMMIT            |                                            |  | STREET ADDRESS        |                     |                                            |                                              |
| CITY-ST-ZIP                  | TOLEDO, OH 436042617        |                                            |  | CITY-ST-ZIP           |                     |                                            |                                              |
| TITLE                        | CPD                         | <input type="checkbox"/> Delete            |  | TITLE                 |                     | <input type="checkbox"/> Change            | <input type="checkbox"/> Addition            |
| NAME                         | ORMOND, PAUL A              |                                            |  | NAME                  |                     |                                            |                                              |
| STREET ADDRESS               | 333 NORTH SUMMIT            |                                            |  | STREET ADDRESS        |                     |                                            |                                              |
| CITY-ST-ZIP                  | TOLEDO, OH 43604            |                                            |  | CITY-ST-ZIP           |                     |                                            |                                              |
| TITLE                        | VD                          | <input checked="" type="checkbox"/> Delete |  | TITLE                 | V COO               | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition            |
| NAME                         | WEIKEL, M. KEITH            |                                            |  | NAME                  | Stephen L. Guillard |                                            |                                              |
| STREET ADDRESS               | 333 NORTH SUMMIT            |                                            |  | STREET ADDRESS        | 333 N. Summit St    |                                            |                                              |
| CITY-ST-ZIP                  | TOLEDO, OH 43604            |                                            |  | CITY-ST-ZIP           | Toledo, OH 43604    |                                            |                                              |
| TITLE                        | VD                          | <input checked="" type="checkbox"/> Delete |  | TITLE                 | V.P/Director of Tax | <input type="checkbox"/> Change            | <input checked="" type="checkbox"/> Addition |
| NAME                         | MEYERS, GEOFFREY G          |                                            |  | NAME                  | Kathryn S. Hoops    |                                            |                                              |
| STREET ADDRESS               | 333 NORTH SUMMIT            |                                            |  | STREET ADDRESS        | 333 N. Summit St.   |                                            |                                              |
| CITY-ST-ZIP                  | TOLEDO, OH 43604            |                                            |  | CITY-ST-ZIP           | Toledo, OH 43604    |                                            |                                              |
| TITLE                        | VS                          | <input checked="" type="checkbox"/> Delete |  | TITLE                 | VS                  | <input type="checkbox"/> Change            | <input checked="" type="checkbox"/> Addition |
| NAME                         | BIXLER, R. JEFFREY          |                                            |  | NAME                  | Richard A. Parr II  |                                            |                                              |
| STREET ADDRESS               | 333 NORTH SUMMIT            |                                            |  | STREET ADDRESS        | 333 N. Summit St.   |                                            |                                              |
| CITY-ST-ZIP                  | TOLEDO, OH 43604            |                                            |  | CITY-ST-ZIP           | Toledo, OH 43604    |                                            |                                              |
| TITLE                        | VAS                         | <input type="checkbox"/> Delete            |  | TITLE                 |                     | <input type="checkbox"/> Change            | <input type="checkbox"/> Addition            |
| NAME                         | CAVANAUGH, STEVEN M         |                                            |  | NAME                  |                     |                                            |                                              |
| STREET ADDRESS               | 333 NORTH SUMMIT            |                                            |  | STREET ADDRESS        |                     |                                            |                                              |
| CITY-ST-ZIP                  | TOLEDO, OH 43604            |                                            |  | CITY-ST-ZIP           |                     |                                            |                                              |

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: [Handwritten Signature] Y.P. Director of Tax 4-26-07 419-252-5890  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

**ATTACHMENT**  
**40098247**  
**# M9800000844**  
**Manor Care of America, Inc.**

**OFFICERS**

|                     |                                                                             |
|---------------------|-----------------------------------------------------------------------------|
| Paul A. Ormond      | Chairman, President & Chief Executive Officer                               |
| Stephen L. Guillard | Executive Vice President, Chief Operating Officer                           |
| Steven M. Cavanaugh | Vice President, Chief Financial Officer<br>& Assistant Secretary            |
| Nancy A. Edwards    | Vice President, General Manager, Central Div.                               |
| Mark J. Gloth, DO   | Vice President, Chief Medical Officer                                       |
| Larry R. Godla      | Vice President, Development & Construction                                  |
| Jeffrey A. Grillo   | Vice President, General Manager, Mid-Atlantic Div.                          |
| Lynn M. Hood        | Vice President, General Manager, Southeast Division                         |
| Kathryn S. Hoops    | Vice President, Director of Tax & Assistant Treasurer                       |
| Matthew S. Kang     | Vice President, Treasurer                                                   |
| David B. Lanning    | Vice President, Development                                                 |
| Barry A. Lazarus    | Vice President, Director of Reimbursement                                   |
| Larry C. Lester     | Vice President, General Manager, Midwest Division                           |
| Spencer C. Moler    | Vice President, Controller, Assistant Treasurer<br>& Assistant Secretary    |
| Susan E. Morey      | Vice President, General Manager, Eastern Division                           |
| James P. Pagoaga    | Vice President, Rehabilitation Services                                     |
| David B. Parker     | Vice President, Asst. General Manager, Central Division                     |
| Richard A. Parr II  | Vice President, General Counsel & Secretary                                 |
| Michael J. Reed     | Vice President, General Manager, Assisted Living Div.                       |
| John I. Remenar     | Vice President, Director of Financial Services                              |
| F. Joseph Schmitt   | Vice President, General Manager, West Division                              |
| Steven D. Spencer   | Vice President, Director of Human Resources and<br>& Assistant Secretary    |
| Martin D. Allen     | Assistant Vice President, Director of<br>Internal Audit and Risk Management |
| John Huber          | Assistant Vice President                                                    |
| Rick Rump           | Assistant Vice President, Corporate Communications                          |
| Thomas R. Kile      | Assistant Treasurer                                                         |
| David K. Nees       | Associate General Counsel & Assistant Secretary                             |

**DIRECTORS**

Paul A. Ormond  
Stephen L. Guillard  
Steven M. Cavanaugh

**ADDRESS FOR ALL ABOVE IS:**

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