

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morfham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 AM 11:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P06980** (7)
1. Corporation Name
ARBOR HEALTH CARE COMPANY

Principal Place of Business Mailing Address
1100 SHAWNEE ROAD **1100 SHAWNEE ROAD**
PO BOX 840 **PO BOX 840**
LIMA OH 45802 **LIMA OH 45802**
US **US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **08/06/1985** 3a. Date of Last Report **05/01/1994**

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 25 Country 28 Zip 29 Country 30

4. FEI Number **34-1469604** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
INGLIS, JOHN S.
SHUMAKER, LOOP & KENDRICK
201 E. KENNEDY BLVD., SUITE 1111
TAMPA FL 33602

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____
Signature: Typed or printed name of registered agent and title if applicable. (2011 Registered Agent signature required when registering) DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	BORRA, PIER C.
STREET ADDRESS	1100 SHAWNEE ROAD
CITY, ST, ZIP	LIMA OH
TITLE	EVP
NAME	CLARK, RICHARD J.
STREET ADDRESS	1100 SHAWNEE ROAD
CITY, ST, ZIP	LIMA OH
TITLE	S
NAME	BORRA, RENEE A. (ASST)
STREET ADDRESS	1100 SHAWNEE ROAD
CITY, ST, ZIP	LIMA OH
TITLE	EVP
NAME	DUKEMAN, H. BRUCE
STREET ADDRESS	1100 SHAWNEE ROAD
CITY, ST, ZIP	LIMA OH
TITLE	EVP
NAME	BENNETT, STEPHEN T.
STREET ADDRESS	1100 SHAWNEE ROAD
CITY, ST, ZIP	LIMA OH
TITLE	S
NAME	ROUSH, BRAD, C
STREET ADDRESS	1100 SHAWNEE ROAD
CITY, ST, ZIP	LIMA OH

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	500001513185
23 STREET ADDRESS	-06/14/95--01077--022
24 CITY, ST, ZIP	****200.00 ****200.00
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	← Delete Renee A. Borra
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. That I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: W. Wondolowski W. Wondolowski 4/28/95 (419) 277-7011
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE (Typed Name)

006980

SPECIAL POWER OF ATTORNEY
OF
ARBOR HEALTH CARE COMPANY, A DELAWARE CORPORATION
TO
WILLIAM W. WONDOLOWSKI

The undersigned hereby nominates and appoints William W. Wondolowski as its true and lawful attorney-in-fact to do and perform for and in the name of Arbor Health Care Company the following:

1. Authorized to sign workers' compensation forms, federal and state unemployment forms, any and all tax forms, and any and all employee benefit filings.

The above authorization shall pertain to the attached list of subsidiaries hereto marked as "Exhibit A".

IN FURTHERANCE OF THESE POWERS I give my attorney-in-fact power and authority to do for me and in my name those things which such attorney deems expedient to and necessary to effectuate the intent of this instrument, as fully as I could do personally for myself, reserving unto myself, however, the power to act on my own behalf and also to revoke the powers given in this instrument.

Persons to whom this instrument may be delivered may rely on its being in effect and unrevoked unless I shall have executed a proper instrument of revocation.

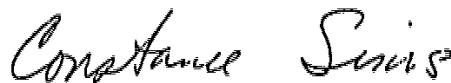
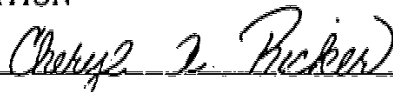
IN WITNESS WHEREOF, I have hereunto signed my name this 14th day of September, 1994.



H. Bruce Dukeman, Senior Vice President-Finance

ATTESTATION

Signature acknowledge in the presence of:



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ACKNOWLEDGMENT

STATE OF OHIO)
)
COUNTY OF ALLEN)

Before me, a Notary Public in and for said County and State, personally appeared the above-named H. Bruce Dukeman, who acknowledged that he did sign the foregoing instrument and that the same is his free and voluntary act and deed.

In testimony whereof, I have hereunto set my hand and official seal at Lima, Ohio, this 14th day of September, 1994.

Constance Sims

Constance Sims - Notary Public

CONSTANCE SIMS
Notary Public, State of Ohio
My Commission Expires 12-26-1997

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EXHIBIT A

ARBOR HEALTH CARE COMPANY SUBSIDIARIES

Marshall Properties
AHCC of North Carolina
Arbors at Toledo
Arbors at Ft. Wayne
Arbors East
Arbors Plus
Woodsvew Nursing Center
Greentree of Florida, Inc.
Greentree Pharmacy, Inc.
Arbors at New Lebanon
Jefferson Health
Calcutta Health Care Company
Baker/Clay Health Care
Highland Centers
Bay Geriatric Pharmacy, Inc.
Home Care Pharmacy