

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

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



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

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-28) fields with sub-sections for Suite, Apt. #, etc., City & State, Zip, and Country.

3. Date Incorporated or Qualified: **08/06/1985**  
3a. Date of Last Report: **05/01/1995**  
4. FEI Number: **34-1469604**  
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): **101 E. Kennedy Blvd, Suite 250**  
83  
84 City  
85 Zip Code: **FL**

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 office 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 the person signing and the date)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BORRA, PIER C.	
STREET ADDRESS	1100 SHAWNEE ROAD	
CITY- ST- ZIP	LIMA OH	
TITLE	EVP	<input type="checkbox"/> DELETE
NAME	CLARK, RICHARD J.	
STREET ADDRESS	1100 SHAWNEE ROAD	
CITY- ST- ZIP	LIMA OH	
TITLE	EVP	<input checked="" type="checkbox"/> DELETE
NAME	DUKEMAN, H. BRUCE	
STREET ADDRESS	1100 SHAWNEE ROAD	
CITY- ST- ZIP	LIMA OH	
TITLE	EVP	<input type="checkbox"/> DELETE
NAME	BENNETT, STEPHEN T.	
STREET ADDRESS	1100 SHAWNEE ROAD	
CITY- ST- ZIP	LIMA OH	
TITLE	S	<input type="checkbox"/> DELETE
NAME	ROUSH, BRAD, C	
STREET ADDRESS	1100 SHAWNEE ROAD	
CITY- ST- ZIP	LIMA OH	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Senior Vice President
3.3 STREET ADDRESS	Stephen M. Mengert
3.4 CITY- ST- ZIP	1100 Shawnee Rd Lima, OH 45805
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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: **BAORP**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)