

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**May 15 1997 8:00am**  
**Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 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 45802-0840**  
**US**

3. Date Incorporated or Qualified **08/06/1985** 3a. Date of Last Report **05/01/1996**

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

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 24 Country 25 29 Zip 30 Country

9. Name and Address of Current Registered Agent  
**INGLIS, JOHN S.**  
**101 E. KENNEDY BLVD.**  
**SUITE 2500**  
**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 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

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

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	<b>Senior Vice President</b>
3.3 STREET ADDRESS	<b>Dennis R. Smith</b>
3.4 CITY - ST - ZIP	<b>1100 Shawnee Rd.</b>
	<b>Lima OH 45805</b>
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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:** \_\_\_\_\_ **SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034 (9/96)