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FILED
Apr 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 105 W. MICHIGAN ST. Suite, Apt. #, etc. 22 City & State 23 MILWAUKEE WI. Zip Country 24 53203 U.S.	2a. Mailing Address 26 105 W. MICHIGAN ST. ETAX DEPT Suite, Apt. #, etc. 27 City & State 28 MILWAUKEE WI. Zip Country 29 53203 U.S.
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3. Date Incorporated or Qualified 08/06/1985	4. FEI Number 34-1469604	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

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	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	PO BORRA, PIER C.	<input checked="" type="checkbox"/> DELETE
NAME	1100 SHAWNEE ROAD	
STREET ADDRESS	LIMA OH	
CITY-ST-ZIP		
TITLE	EVP CLARK, RICHARD J.	<input checked="" type="checkbox"/> DELETE
NAME	1100 SHAWNEE ROAD	
STREET ADDRESS	LIMA OH	
CITY-ST-ZIP		
TITLE	SVP SMITH, DENNIS R.	<input checked="" type="checkbox"/> DELETE
NAME	1100 SHAWNEE ROAD	
STREET ADDRESS	LIMA OH	
CITY-ST-ZIP		
TITLE	EVP BENNETT, STEPHEN T.	<input checked="" type="checkbox"/> DELETE
NAME	1100 SHAWNEE ROAD	
STREET ADDRESS	LIMA OH	
CITY-ST-ZIP		
TITLE	S ROUSH, BRAD, C.	<input checked="" type="checkbox"/> DELETE
NAME	1100 SHAWNEE ROAD	
STREET ADDRESS	LIMA OH	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	D, P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JAMESLEY CARTER	
1.3 STREET ADDRESS	105 W. MICHIGAN ST.	
1.4 CITY-ST-ZIP	MILWAUKEE, WI. 53203	
2.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	LELAND M. AUSTIN, JR.	
2.3 STREET ADDRESS	105 W. MICHIGAN ST.	
2.4 CITY-ST-ZIP	MILWAUKEE, WI. 53203	
3.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	RICHARD L. BERTRAND	
3.3 STREET ADDRESS	105 W. MICHIGAN ST.	
3.4 CITY-ST-ZIP	MILWAUKEE, WI. 53203	
4.1 TITLE	S, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	MELVIN A. RHINELANDER	
4.3 STREET ADDRESS	105 W. MICHIGAN ST.	
4.4 CITY-ST-ZIP	MILWAUKEE, WI. 53203	
5.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	WALTER A. LEVONOWICH	
5.3 STREET ADDRESS	105 W. MICHIGAN ST.	
5.4 CITY-ST-ZIP	MILWAUKEE, WI. 53203	
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 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. **WALTER A. LEVONOWICH**

SIGNATURE: *Walter A. Levonowich* 4-24-98 414-347-4404

CR2E034 (10/97)