FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 APR 27 AM 10:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P13176 (3)

1. Corporation Name
MAPLE LEAF OF PALM BEACH COUNTY HEALTH CARE, INC

Principal Place of Business	Mailing Address
ONE SEAGATE ATTN TAX 21 TOLEDO OH 43604-2616 US	ONE SEAGATE ATTN TAX 21 TOLEDO OH 43604-2616 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/10/1987
3a. Date of Last Report: 04/25/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) Country (30)

4. FEI Number: 34-1543776 ☐ 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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	ORMOND, PAUL	12 NAME		
STREET ADDRESS	ONE SEAGATE	13 STREET ADDRESS		
CITY-ST-ZIP	TOLEDO OH	14 CITY-ST-ZIP		
TITLE	DVS	21 TITLE	VTS	☒ Change ☐ Addition
NAME	KINSCHNER, WILLIAM H.	22 NAME	MOLER, SPENCER C.	
STREET ADDRESS	ONE SEAGATE	23 STREET ADDRESS	ONE SEAGATE	
CITY-ST-ZIP	TOLEDO OH	24 CITY-ST-ZIP	TOLEDO OH	
TITLE	VPT	31 TITLE	VP	☒ Change ☐ Addition
NAME	SEIBEN, PAUL G.	32 NAME	Weikel, Keith M	
STREET ADDRESS	ONE SEAGATE	33 STREET ADDRESS	ONE SEAGATE	
CITY-ST-ZIP	TOLEDO OH	34 CITY-ST-ZIP	TOLEDO OH	
TITLE	EVP	41 TITLE	S	☒ Change ☐ Addition
NAME	POSSANZA, ROBERT W	42 NAME	Bixler, JEFFREY R	
STREET ADDRESS	ONE SEAGATE	43 STREET ADDRESS	ONE SEAGATE	
CITY-ST-ZIP	TOLEDO OH	44 CITY-ST-ZIP	TOLEDO OH	
TITLE	AST	51 TITLE		☐ Change ☐ Addition
NAME	GEHRICH, DAVID LEE	52 NAME		
STREET ADDRESS	ONE SEAGATE	53 STREET ADDRESS		
CITY-ST-ZIP	TOLEDO OH	54 CITY-ST-ZIP		
TITLE	DVP	61 TITLE		☐ Change ☐ Addition
NAME	MEYERS, GG	62 NAME		
STREET ADDRESS	ONE SEAGATE	63 STREET ADDRESS		
CITY-ST-ZIP	TOLEDO OH	64 CITY-ST-ZIP		

STATE AS NEEDED

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)(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: X D L Gehrich DAVID L GEHRICH APR 18 1995 (419)353-5764
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL AUTHORIZED DIRECTOR (Date) (Daytime Phone #)
Asst. Secretary / Asst. Treasurer

0344750 CP

PF3674

ALL MAPLE LEAF SUBS

OFFICERS

Paul A. Ormond	Chairman, President and Chief Executive Officer
M. Keith Weikel	Senior Executive Vice President and Chief Operating Officer
Geoffrey G. Meyers	Executive Vice President, Chief Financial Officer and Assistant Secretary
R. Jeffrey Bixler	Vice President, General Counsel and Secretary
William H. Kinschner	Vice President, Director of Planning
Barry A. Lazarus	Vice President, Director of Reimbursement
Spencer C. Moler	Vice President, Controller, Treasurer and Assistant Secretary
Paul G. Sieben	Vice President, Director of Development & Construction
David L. Gehrich	Assistant Secretary and Assistant Treasurer
Douglas G. Haag	Assistant Treasurer
John I. Remenar	Assistant Treasurer

DIRECTORS

Paul A. Ormond
M. Keith Weikel
Geoffrey G. Meyers

ADDRESS FOR ALL IS:

One SeaGate
Toledo, Ohio 43604-2616
Phone: (419) 252-5600