

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

1-2

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Matham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # P13176 (3)

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



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

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 02/10/1987	3a. Date of Last Report 04/27/1995
---	--	--	--

4. FEI Number 34-1543776	Applied For 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	85 Zip Code FL
---	--------------------------

11. Pursuant to the provisions of Sections 607.050(2) 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 _____

12. OFFICERS AND DIRECTORS

TITLE	PD	NAME	ORMOND, PAUL	STREET ADDRESS	ONE SEAGATE	CITY - ST - ZIP	TOLEDO OH	<input type="checkbox"/> DELETE
TITLE	VTS	NAME	MOLER, SPENCER C	STREET ADDRESS	ONE SEAGATE	CITY - ST - ZIP	TOLEDO OH	<input type="checkbox"/> DELETE
TITLE	VD	NAME	WEIKEL, KEITH M	STREET ADDRESS	ONE SEAGATE	CITY - ST - ZIP	TOLEDO OH	<input type="checkbox"/> DELETE
TITLE	S	NAME	BIXLER, JEFFREY R	STREET ADDRESS	ONE SEAGATE	CITY - ST - ZIP	TOLEDO OH	<input type="checkbox"/> DELETE
TITLE	AST	NAME	GEHRICH, DAVID LEE	STREET ADDRESS	ONE SEAGATE	CITY - ST - ZIP	TOLEDO OH	<input type="checkbox"/> DELETE
TITLE	DVP	NAME	MEYERS, GG	STREET ADDRESS	ONE SEAGATE	CITY - ST - ZIP	TOLEDO OH	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE	22 NAME	23 STREET ADDRESS	24 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE	32 NAME	33 STREET ADDRESS	34 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE	42 NAME	43 STREET ADDRESS	44 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE	52 NAME	53 STREET ADDRESS	54 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE	62 NAME	63 STREET ADDRESS	64 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *David L Gehrich* **DAVID L GEHRICH** APR 17 1995 (419) 255-5764

CR2E034 (12/95)

ALL MAPLE LEAF SUBS

OFFICERS

Paul A. Ormond	Chairman, President & Chief Executive Officer
M. Keith Weikel	Senior Executive Vice President & Chief Operating Officer
Geoffrey G. Meyers	Executive Vice President, Chief Financial Officer & Assistant Secretary
Richard C. Tuttle	Executive Vice President, Corporate Development
R. Jeffrey Bixler	Vice President, General Counsel & Secretary
William H. Kinschner	Vice President, Director of Management Support Services
Barry A. Lazarus	Vice President, Director of Reimbursement
Spencer C. Moler	Vice President, Controller, Treasurer & Assistant Secretary
Wade B. O Brian	Vice President, Director of Human Resources & Labor Relations and Assistant Secretary
Paul G. Sieben	Vice President, Director of Development & Construction
David L. Gehrich	Assistant Secretary & 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