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May 29, 1999 8:00 am
Secretary of State

05-29-1999 90014 023 ***300.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P94000066711

1. Corporation Name
OHI (FLORIDA), INC.



Principal Place of Business 905 W. EISENHOWER CIRCLE SUITE 110 ANN ARBOR MI 48103 US	Mailing Address 905 W. EISENHOWER CIRCLE SUITE 110 ANN ARBOR MI 48103 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 900 Victors Way Suite, Apt. #, etc. 22 Suite 350 City & State 23 Ann Arbor, MI Zip 24 48108	2a. Mailing Address 26 900 Victors Way Suite, Apt. #, etc. 27 Suite 350 City & State 28 Ann Arbor, MI Zip 29 48108	Country 25 USA	Country 30 USA
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3. Date Incorporated or Qualified 09/12/1994	4. FEI Number 65-0523484	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 owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 SOUTH 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 607.0502 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	CFO <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STOVER, DAVID A	1.2 NAME	
STREET ADDRESS	905 W. EISENHOWER CIRCLE, SUITE 110	1.3 STREET ADDRESS	900 Victors Way, Suite 350
CITY-ST-ZIP	ANN ARBOR MI 48103	1.4 CITY-ST-ZIP	Ann Arbor, MI 48108
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAILEY, ESSEL W JR	2.2 NAME	
STREET ADDRESS	905 W. EISENHOWER CIRCLE, SUITE 110	2.3 STREET ADDRESS	900 Victors Way, Suite 350
CITY-ST-ZIP	ANN ARBOR MI 48103	2.4 CITY-ST-ZIP	Ann Arbor, MI 48108
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLMAN, SCOTT F.	3.2 NAME	
STREET ADDRESS	905 W. EISENHOWER CIRCLE, SUITE 110	3.3 STREET ADDRESS	900 Victors Way, Suite 350
CITY-ST-ZIP	ANN ARBOR MI 48103	3.4 CITY-ST-ZIP	Ann Arbor, MI 48108
TITLE	CFO <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STOUER, DAVID A	4.2 NAME	
STREET ADDRESS	905 W. EISENHOWER CIRCLE, SUITE 110	4.3 STREET ADDRESS	
CITY-ST-ZIP	ANN ARBOR MI 48103	4.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOVACH, SUSAN A	5.2 NAME	
STREET ADDRESS	905 W. EISENHOWER CIRCLE, SUITE 110	5.3 STREET ADDRESS	900 Victors Way, Suite 350
CITY-ST-ZIP	ANN ARBOR MI 48103	5.4 CITY-ST-ZIP	Ann Arbor, MI 48108
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Vice President of Acquisitions
STREET ADDRESS		6.3 STREET ADDRESS	Laurence D. Rich
CITY-ST-ZIP		6.4 CITY-ST-ZIP	900 Victors Way, Suite 350 Ann Arbor, MI 48108

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, with all other like empowered.

SIGNATURE: David A. Stover 4/22/99 (734)887-0200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)