

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90009 018 ***150.00

DOCUMENT # P94000066711

1. Entity Name
OHI (FLORIDA), INC.

Principal Place of Business 900 VICTORS WAY SUITE 350 ANN ARBOR MI 48108 US	Mailing Address 900 VICTORS WAY SUITE 350 ANN ARBOR MI 48108-5213 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0523484	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE CFO	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STOVER, DAVID A		NAME	
STREET ADDRESS 900 VICTORS WAY, SUITE 350		STREET ADDRESS	
CITY-ST-ZIP ANN ARBOR MI 48108		CITY-ST-ZIP	
TITLE P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BAILEY, ESSEL W JR		NAME	
STREET ADDRESS 900 VICTORS WAY, SUITE 350		STREET ADDRESS	
CITY-ST-ZIP ANN ARBOR MI 48108		CITY-ST-ZIP	
TITLE VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KELLMAN, SCOTT F.		NAME	
STREET ADDRESS 900 VICTORS WAY, SUITE 350		STREET ADDRESS	
CITY-ST-ZIP ANN ARBOR MI 48108		CITY-ST-ZIP	
TITLE CFO	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STOVER, DAVID A		NAME	
STREET ADDRESS 905 W. EISENHOWER CIRCLE, SUITE 110		STREET ADDRESS	
CITY-ST-ZIP ANN ARBOR MI 48103		CITY-ST-ZIP	
TITLE S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KOVACH, SUSAN A		NAME	
STREET ADDRESS 900 VICTORS WAY, SUITE 350		STREET ADDRESS	
CITY-ST-ZIP ANN ARBOR MI 48108		CITY-ST-ZIP	
TITLE VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RICH, LAURENCE D		NAME	
STREET ADDRESS 900 VICTORS WAY, SUITE 350		STREET ADDRESS	
CITY-ST-ZIP ANN ARBOR MI 48108		CITY-ST-ZIP	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: David A. Stover Date: 4/30/2000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/99)