2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED May 14, 2001 8:00 am Secretary of State DOCUMENT # **P96000043737** 1. Entity Name 05-14-2001 90203 020 ***150.00 HCR MANORCARE MEDICAL SERVICES OF FLORIDA, INC. Principal Place of Business Mailing Address 234 ALEXANDER PALM RD. ONE SEAGATE 764331 BOCA RATON FL 33422 ATTN TAX 21 TOLEDO OH 43604-616 2. Principal Place of Business 3. Mailing Address 333 H. Summit ST Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE AHN: TAX-5 City & State City & State 4. FEI Number Applied For 65-0666550 olEdo Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 43604 USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE PCEO Change NAME ORMOND, PAUL A ORMOND, PAUL A. 333 N. SUMMIT St. STREET ADDRESS STREET ADDRESS ONE SEAGATE, 23RD FLOOR 333 N. Toledo, OH 43604 EVP CFO AS MEYERS, GEOFFREY G. 333 N. SUMMIT ST CITY-ST-ZIP CITY-ST-ZIP TOLEDO OH 43604 TITLE ☐ Delete TITLE Change Change ☐ Addition NAME MEYERS, GEOFFREY G NAME STREET ADDRESS ONE SEAGATE, 23RD FLOOR STREET ADDRESS CITY-ST-ZIP Toleda OH 43604 CITY-ST-ZIP **TOLEDO OH 43604** TITLE ☐ Delete TITLE 600 Change Addition Weikel, M. KeitH 333 N. Summit St. MAME WEIKEL, M. KEITH NAME STREET ADDRESS STREET ADDRESS ONE SEAGATE, 23RD FLOOR CITY-ST-ZIP Toledo OH 43604 V.P. D.R.H LR ASST. Sec. CITY-ST-7IP TOLEDO OH 43604 TITLE **VPD** ☐ Delete TITLE Change ☐ Addition NAME NAME O'BRIAN, WAde 333 N. SUMMIT St. O'BRIAN, WADE STREET ADDRESS STREET ADDRESS ONE SEAGATE CITY-ST-ZIP CITY-ST-ZIP TOLEDO OH 16 Toledo, OH 43604 TITLE **▼** Delete TITLE Asst. the ☐ Change ☐ Addition NAME ZIPPER, JEFFREY A NAME STREET ADDRESS STREET ADDRESS ONE SEAGATE CITY-ST-ZIP TOLEDO OH 16 CITY-ST-ZIP ASST SEC. ASST. The. TITLE ASAT Pa-Change ☐ Addition GEHRICH, DAVID L NAME 333 N. Summit st. STREET ADDRESS STREET ADDRESS ONE SEAGATE Tobedo, OH 43604 CITY-ST-ZIP CITY-ST-ZIP TOLEDO OH 16 13. I hereby certify that the information supplied with this filling 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.

ME OF SIGNING OFFICER OR DIRECTOR

04-25-01 (419) 252-5764

Allacames & # P96 000043737

IDA, INC. 7 (0433/

HCR MANORCARE MEDICAL SERVICES OF FLORIDA

OFFICERS

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

R. Jeffrey Bixler Steven M. Cavanaugh

Nancy A. Edwards Larry R. Godla John K. Graham Jeffrey A. Grillo Douglas G. Haag David C. Heberling William H. Kinschner

David B. Lanning Barry A. Lazarus Larry C. Lester Spencer C. Moler O. William Morrison Wade B. O'Brian

James P. Pagoaga Richard W. Parades John I. Remenar

F. Joseph Schmitt Jo Ann Young Martin D. Allen

David L. Gehrich Kenneth Gelfarb Thomas R. Kile David K. Nees

Chairman, President & Chief Executive Officer Sr. Exec. Vice President & Chief Operating Officer Executive Vice President, Chief Financial Officer & Assistant Secretary

Vice President, General Counsel & Secretary Vice President, Director of Corporate

Development & Assistant Secretary Vice President, General Manager, Central Div.

Vice President, Development & Construction

Vice President, Director of Rehabilitation Services Vice President, General Manager, Mid-Atlantic Div.
Vice President, Treasurer
Vice President, Employee Relations
Vice President, Director of Management

Support Services

Vice President, Development

Vice President, Director of Reimbursement

Vice President, General Manager, Midwest Division

Vice President, Controller & Assistant Secretary Vice President, General Manager, Eastern Div. Vice President, Director of Human Resources and Labor Relations & Assistant Secretary

Vice President, Rehabilitation Services

Vice President, General Manager, Mid-States Div.

Vice President, Director of Financial Services & Assistant Treasurer

Vice President, General Manager, Southern Div.

Vice President, General Manager of Assisted Living

Assistant Vice President, Director of

Reimbursement Services

Assistant Secretary & Assistant Treasurer

Assistant Secretary

Assistant Treasurer

Associate General Counsel & Assistant Secretary

DIRECTORS

R. Jeffrey Bixler

ADDRESS FOR ALL ABOVE IS:

333 N. Summit St. Toledo, Ohio 43604 Phone: (419) 252-5500