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 MAY 16 AM 8:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S70559** **(7)**

1. Corporation Name

LAUREL HEALTH CARE COMPANY

Principal Place of Business	Mailing Address
650 N. TAMIAMI TR. OSPREY FL 34229 US	650 N. TAMIAMI TR. OSPREY FL 34229 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/01/1991
3a. Date of Last Report: 01/03/1995

2. Principal Place of Business
21: 270 Bradenton Avenue
22: Suite, Apt. #, etc.
23: City & State: Dublin, OH
24: Zip: 43017
25: Country: Franklin

2a. Mailing Address
26: 270 Bradenton Avenue
27: Suite, Apt. #, etc.
28: City & State: Dublin, OH
29: Zip: 43017
30: Country: Franklin

4. FEI Number: 34-1558659 ☐ 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

C T 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	P	11 TITLE	☒ Change ☐ Addition	
NAME	SHERMAN, DENNIS G	12 NAME		
STREET ADDRESS	760 NORTHLAWN DRIVE	13 STREET ADDRESS	270 Bradenton Avenue	
CITY-ST-ZIP	COLUMBUS OH 43214	14 CITY-ST-ZIP	Dublin, OH 43017	
TITLE	C	21 TITLE	☐ Change ☐ Addition	
NAME	FRANKE, THOMAS F	22 NAME		
STREET ADDRESS	6360 JACKSON ROAD, SUITE F	23 STREET ADDRESS		
CITY-ST-ZIP	ANN ARBOR MI 48103	24 CITY-ST-ZIP		
TITLE	CFO	31 TITLE	☒ Change ☐ Addition	
NAME	PAYNE, BARDFORD W	32 NAME		
STREET ADDRESS	760 NORTHLAWN DRIVE	33 STREET ADDRESS	270 Bradenton Avenue	
CITY-ST-ZIP	COLUMBUS OH 43214	34 CITY-ST-ZIP	Dublin, OH 43017	
TITLE	T	41 TITLE	☒ Change ☐ Addition	
NAME	GAULKE, RAY E	42 NAME		
STREET ADDRESS	760 NORTHLAWN DRIVE	43 STREET ADDRESS	270 Bradenton Avenue	
CITY-ST-ZIP	COLUMBUS OH 43214	44 CITY-ST-ZIP	Dublin, OH 43017	
TITLE	S	51 TITLE	☐ Change ☐ Addition	
NAME	MATHEWSON, GEORGE W	52 NAME		
STREET ADDRESS	TWO S. MAIN STREET	53 STREET ADDRESS		
CITY-ST-ZIP	LONDON OH 43140	54 CITY-ST-ZIP		
TITLE		61 TITLE	☐ Change ☐ Addition	
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

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: Ray E Gaulke 5-8-95 (614) 791-2100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
RAY E. GAULKE

0004048 FP