

FILE NOW: FILING FEE AFTER MAY 1 IS \$25.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S70559 (7)

1. Corporation Name

LAUREL HEALTH CARE COMPANY

Principal Place of Business

270BRADENTON AVE
DUBLIN OH 43017
US

Mailing Address

270 BRADENTON AVE
DUBLI OH 43017
US



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

24 Country

28 Zip

29 Country

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

3. Date Incorporated or Qualified

08/01/1991

3a. Date of Last Report

05/16/1995

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

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

Signature, typed or printed name of registered agent and date if applicable

(NOTE: Registered agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME SHERMAN, DENNIS G
STREET ADDRESS 270BRADENTON AVE
CITY-ST-ZIP DUBLI OH ☐ DELETE

TITLE C
NAME FRANKE, THOMAS F
STREET ADDRESS 6360 JACKSON ROAD, SUITE F
CITY-ST-ZIP ANN ARBOR MI 48103 ☐ DELETE

TITLE CFO
NAME PAYNE, BARDFORD W
STREET ADDRESS 270 BRADENTON AVE
CITY-ST-ZIP DUBLI OH ☐ DELETE

TITLE T
NAME GAULKE, RAY E
STREET ADDRESS 270 BRADENTON AVE
CITY-ST-ZIP DUBLIN OH ☐ DELETE

TITLE S
NAME MATHEWSON, GEORGE W
STREET ADDRESS TWO S. MAIN STREET
CITY-ST-ZIP LONDON OH 43140 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 Name ☐ Change ☐ Addition

1.2 Name ☐ Change ☐ Addition

1.3 Street Address ☐ Change ☐ Addition

1.4 City-ST-ZIP ☐ Change ☐ Addition

2.1 Name ☐ Change ☐ Addition

2.2 Name ☐ Change ☐ Addition

2.3 Street Address ☐ Change ☐ Addition

2.4 City-ST-ZIP ☐ Change ☐ Addition

3.1 Name ☐ Change ☐ Addition

3.2 Name ☐ Change ☐ Addition

3.3 Street Address ☐ Change ☐ Addition

3.4 City-ST-ZIP ☐ Change ☐ Addition

4.1 Name ☐ Change ☐ Addition

4.2 Name ☐ Change ☐ Addition

4.3 Street Address ☐ Change ☐ Addition

4.4 City-ST-ZIP ☐ Change ☐ Addition

5.1 Name ☐ Change ☐ Addition

5.2 Name ☐ Change ☐ Addition

5.3 Street Address ☐ Change ☐ Addition

5.4 City-ST-ZIP ☐ Change ☐ Addition

6.1 Name ☐ Change ☐ Addition

6.2 Name ☐ Change ☐ Addition

6.3 Street Address ☐ Change ☐ Addition

6.4 City-ST-ZIP ☐ Change ☐ 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: Ray E Gaulke RAY E GAULKE 1-18-96 (614) 791-2100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (12/95)