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Feb 04 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # S70559 (7)
1. Corporation Name
LAUREL HEALTH CARE COMPANY



Principal Place of Business

2708 BRADENTON AVE
DUBLIN OH 43017
US

Mailing Address

270 BRADENTON AVE
DUBLIN OH 43017-3573
US

3. Date Incorporated or Qualified 08/01/1991	3a. Date of Last Report 05/01/1996
4. FEI Number 34-1558659	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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHERMAN, DENNIS G	1.2 NAME	
STREET ADDRESS	2708 BRADENTON AVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	DUBLIN OH	1.4 CITY - ST - ZIP	
TITLE	C <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRANKE, THOMAS F	2.2 NAME	James A. Franke
STREET ADDRESS	6360 JACKSON ROAD, SUITE F	2.3 STREET ADDRESS	6360 Jackson Road, Suite F
CITY - ST - ZIP	ANN ARBOR MI 48103	2.4 CITY - ST - ZIP	Ann Arbor, MI 48108
TITLE	CFO <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAYNE, BARDFORD W	3.2 NAME	Jack B. Alcott
STREET ADDRESS	270 BRADENTON AVE	3.3 STREET ADDRESS	270 Bradenton Avenue
CITY - ST - ZIP	DUBLIN OH	3.4 CITY - ST - ZIP	Dublin, OH 43017
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAULKE, RAY E	4.2 NAME	
STREET ADDRESS	270 BRADENTON AVE	4.3 STREET ADDRESS	
CITY - ST - ZIP	DUBLIN OH	4.4 CITY - ST - ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATHEWSON, GEORGE W	5.2 NAME	Raynold A. Schmick
STREET ADDRESS	TWO S. MAIN STREET	5.3 STREET ADDRESS	325 E. Eisenhower Parkway, Suite Two
CITY - ST - ZIP	LONDON OH 43140	5.4 CITY - ST - ZIP	Ann Arbor, MI 48108-3307
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Kevin J. Belew
STREET ADDRESS		6.3 STREET ADDRESS	6360 Jackson Road, Suite F
CITY - ST - ZIP		6.4 CITY - ST - ZIP	Ann Arbor MI 48103

14. I do 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.

SIGNATURE: *Ray E Gaulke*

I, _____, SECRETARY OF THE CORPORATION, DO HEREBY CERTIFY THAT THE INFORMATION SUPPLIED WITH THIS FILING DOES NOT QUALIFY FOR THE EXEMPTION STATED IN SECTION 119.07(3)(I), FLORIDA STATUTES.

1-16-97 (614) 791-2100
Date Daytime Phone #

CR2E034 (9/96)