

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 DUBLIN OH 43017 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/01/1991	
21 Suite, Apt. #, etc	26 Suite, Apt. #, etc	4. FEI Number 34-1558659		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

g. 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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	P SHERMAN, DENNIS G	1.2 NAME	James A. Franke
STREET ADDRESS	270BRADENTON AVE	1.3 STREET ADDRESS	6360 Jackson Road, Suite F
CITY-ST-ZIP	DUBLI OH	1.4 CITY-ST-ZIP	Ann, Arbor, MI 48103
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	C FRANKE, THOMAS F	2.2 NAME	VP Jack B. Alcott
STREET ADDRESS	6360 JACKSON ROAD, SUITE F	2.3 STREET ADDRESS	270 Bradenton Avenue
CITY-ST-ZIP	ANN ARBOR MI 48103	2.4 CITY-ST-ZIP	Dublin, Ohio 43017
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CFO PAYNE, BARDFORD W	3.2 NAME	VP Daniel J. Finnerty
STREET ADDRESS	270 BRADENTON AVE	3.3 STREET ADDRESS	270 Bradenton Avenue
CITY-ST-ZIP	DUBLI OH	3.4 CITY-ST-ZIP	Dublin, Ohio 43017
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	T 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	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S SCHMICK, RAYNOLD A.	5.2 NAME	
STREET ADDRESS	325 E EISENHOWER PKWY, SUITE 2	5.3 STREET ADDRESS	
CITY-ST-ZIP	ANN ARBOR MI	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VP BELEW, KEVIN J.	6.2 NAME	
STREET ADDRESS	6360 JACKSON ROAD, SUITE F	6.3 STREET ADDRESS	
CITY-ST-ZIP	ANN ARBOR MI	6.4 CITY-ST-ZIP	

14. 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 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* 1-7-98 791-2100

CR2E034 (10/97)