

2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000005245

Entity Name: MANOR CARE OF VENICE FL, LLC**Current Principal Place of Business:**333 N. SUMMIT STREET
TOLEDO, OH 43604**Current Mailing Address:**333 N. SUMMIT STREET
TOLEDO, OH 43604 US**FEI Number:** 26-0624092**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US*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:**

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title VP
Name SYPE, ANDREA
Address 333 N. SUMMIT STREET
City-State-Zip: TOLEDO OH 43604

Title PRESIDENT
Name PILE, LUKE
Address 333 N. SUMMIT STREET
City-State-Zip: TOLEDO OH 43604

Title VP
Name HOOPS, KATHRYN SUE
Address 333 N. SUMMIT STREET
City-State-Zip: TOLEDO OH 43604

Title SECRETARY
Name RODGERS, DAMIAN
Address 333 N. SUMMIT STREET
City-State-Zip: TOLEDO OH 43604

Title TREASURER
Name KILE, THOMAS R.
Address 333 N. SUMMIT STREET
City-State-Zip: TOLEDO OH 43604

Title DIRECTOR
Name ALLEN, MARTIN DAVID
Address 333 N. SUMMIT STREET
City-State-Zip: TOLEDO OH 43604

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: THOMAS R. KILE**TREASURER****04/24/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date