

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

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**95 APR 27 AM 10:20**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT <b>1995</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Norstrom Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 851012 (5)**

1. Corporation Name  
**HEALTH CARE AND RETIREMENT CORPORATION OF AMERIC  
A**

Principal Place of Business <b>ONE SEAGATE ATTN TAX 21 TOLEDO OH 43604-2616 US</b>	Mailing Address <b>ONE SEAGATE ATTN TAX 21 TOLEDO OH 43604-2616 US</b>
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DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified <b>11/13/1981</b>	3a. Date of Last Report Applied For <b>04/25/1994</b>
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number <b>34-4402510</b>	Applied For <input type="checkbox"/> Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
		7. This corporation has liability for intangible tax under S. 189.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CT 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	<b>FL</b>
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: Type of printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>EVP</b>	1. TITLE	<b>S</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>POSSANZA, ROBERT W</b>	2. NAME	<b>Bixice, Jeffrey R</b>
STREET ADDRESS	<b>ONE SEAGATE</b>	3. STREET ADDRESS	<b>ONE SEAGATE</b>
CITY- ST- ZIP	<b>TOLEDO OH</b>	4. CITY- ST- ZIP	<b>TOLEDO OH</b>
TITLE	<b>DP</b>	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ORMOND, PAUL A.</b>	22. NAME	
STREET ADDRESS	<b>ONE SEAGATE</b>	23. STREET ADDRESS	
CITY- ST- ZIP	<b>TOLEDO OH</b>	24. CITY- ST- ZIP	
TITLE	<b>ATS</b>	31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GEHRICH, DAVID LEE</b>	32. NAME	
STREET ADDRESS	<b>ONE SEAGATE</b>	33. STREET ADDRESS	
CITY- ST- ZIP	<b>TOLEDO OH</b>	34. CITY- ST- ZIP	
TITLE	<b>VD</b>	41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WEIKEL, M. KEITH</b>	42. NAME	
STREET ADDRESS	<b>ONE SEAGATE</b>	43. STREET ADDRESS	
CITY- ST- ZIP	<b>TOLEDO OH</b>	44. CITY- ST- ZIP	
TITLE	<b>TAS</b>	51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MOLER, S.C.</b>	52. NAME	
STREET ADDRESS	<b>ONE SEAGATE</b>	53. STREET ADDRESS	
CITY- ST- ZIP	<b>TOLEDO OH</b>	54. CITY- ST- ZIP	
TITLE	<b>VD</b>	61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MEYERS, G.G.</b>	62. NAME	
STREET ADDRESS	<b>ONE SEAGATE</b>	63. STREET ADDRESS	
CITY- ST- ZIP	<b>TOLEDO OH</b>	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)(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: *XOL Gehrich* DATE: **APR 18 1995** (411) 353-5764  
Signature and typing on number name of signing officer or director. (Type in Block 8)

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**HEALTH CARE AND RETIREMENT CORPORATION OF AMERICA**

**OFFICERS**

Paul A. Ormond	Chairman, President and Chief Executive Officer
M. Keith Weikel	Senior Executive Vice President and Chief Operating Officer
Geoffrey G. Meyers	Executive Vice President, Chief Financial Officer and Assistant Secretary
Richard C. Tuttle	Executive Vice President, Corporate Development
R. Jeffrey Bixler	Vice President, General Counsel and Secretary
Nancy A. Edwards	Vice President, General Manager of the Central Division
Jeffrey W. Ferguson	Vice President, General Manager of the Midwest Division
J. Susan Hines	Vice President, Director of Clinical Services and Specialty Programs
William H. Kinschner	Vice President, Director of Planning
Barry A. Lazarus	Vice President, Director of Reimbursement
Max A. Luber	Vice President, Director of Purchasing
Spencer C. Moler	Vice President, Controller, Treasurer and Assistant Secretary
Wade B. O'Brian	Vice President, Director of Human Resources & Labor Relations and Assistant Secretary
F. Joseph Schmitt	Vice President, General Manager of the Southern Division
Paul G. Sieben	Vice President, Director of Development & Construction
Jim C. Millspaugh	Assistant Vice President, Director of Human Resources Operations Support
Joyce Smith	Assistant Vice President, Director, Professional Services
David L. Gehrich	Assistant Secretary & Assistant Treasurer
Douglas G. Haag	Assistant Treasurer
John I. Remenar	Assistant Treasurer

**DIRECTORS**

Paul A. Ormond  
Geoffrey G. Meyers  
M. Keith Weikel

**ADDRESS FOR ALL ABOVE IS:**

One SeaGate  
Toledo, Ohio 43604-2616  
Phone: (419) 252-5600