
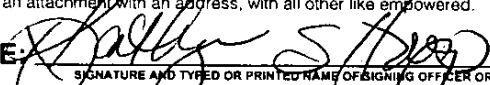


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90081 032 ***150.00

DOCUMENT # 851012					
1. Entity Name HEALTH CARE AND RETIREMENT CORPORATION OF AMERICA					
Principal Place of Business 333 N. SUMMIT ST. ATTN: TAXES TOLEDO, OH 43604 US			Mailing Address 333 N. SUMMIT ST. ATTN: TAXES TOLEDO, OH 43604 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 34-4402510	
Zip		Country		Applied For Not Applicable	
6. Name and Address of Current Registered Agent				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL Zip Code
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD BIXLER, JEFFREY R 333 N. SUMMIT ST. TOLEDO, OH 43604	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS Richard A. Parr II 333 N. Summit St. Toledo, OH 43604	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO ORMOND, PAUL 333 N. SUMMIT ST. TOLEDO, OH 43604	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HOOPS, KATHRYN 333 N. SUMMIT ST. TOLEDO, OH 43604	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPCO WEIKEL, M. KEITH 333 N. SUMMIT ST. TOLEDO, OH 43604	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFO Steven M. Cavanaugh 333 N. Summit St Toledo, OH 43604	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPCA MOLER, S.C. 333 N. SUMMIT ST. TOLEDO, OH 43604	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPC MEYERS, G.G. 333 N. SUMMIT ST. TOLEDO, OH 43604	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPC Stephen L. Guillard 333 N. Summit St. Toledo, OH 43604	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  V.P./Director of Tax 4/26/07 44-252-5896 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

ATTACHMENT 40099893

#851012

HEALTH CARE AND RETIREMENT CORPORATION OF AMERICA

OFFICERS

Paul A. Ormond	Chairman, President & Chief Executive Officer
Stephen L. Guillard	Executive Vice President, Chief Operating Officer
Steven M. Cavanaugh	Vice President, Chief Financial Officer & Assistant Secretary
Nancy A. Edwards	Vice President, General Manager, Central Division
Larry R. Godla	Vice President, Development and Construction
Jeffrey A. Grillo	Vice President, General Manager, Mid-Atlantic Div.
Lynn M. Hood	Vice President, General Manager, Southeast Division
Kathryn S. Hoops	Vice President, Director of Tax & Asst. Treasurer
Matthew S. Kang	Vice President, Treasurer
David B. Lanning	Vice President, Development
Barry A. Lazarus	Vice President, Director of Reimbursement
Larry C. Lester	Vice President, General Manager, Midwest Division
Spencer C. Moler	Vice President, Controller, & Assistant Secretary
Susan E. Morey	Vice President, General Manager, Eastern Division
James P. Pagoaga	Vice President, Rehabilitation Services
David B. Parker	Vice President, Asst. General Manager, Central Division
Richard A. Parr II	Vice President, General Counsel & Secretary
Michael J. Reed	Vice President, General Manager, Assisted Living Div.
John I. Remenar	Vice President, Director of Financial Services & Assistant Treasurer
F. Joseph Schmitt	Vice President, General Manager, West Division
Steven D. Spencer	Vice President, Director of Human Resources & Assistant Secretary
Martin D. Allen	Assistant Vice President, Director of Internal Audit and Risk Management
Kim Byk	Assistant Vice President, Clinical Support Services
Karen Davidson	Assistant Vice President, Clinical Consulting Services for the Eastern, West and Southeast Divisions
Veronica Fogelman	Assistant Vice President, Director of Sales Mngt.
Marty Grabijas	Assistant Vice President of Marketing Operations
Jeff Harris	Assistant Vice President, Director of Business Solutions
Beth Kaczor	Assistant Vice President, HR Operations
Annette Orłowski	Assistant Vice President, Clinical Services
Clifton J. Porter II	Assistant Vice President, Government Relations
Connie Wenz	Assistant Vice President, Clinical Services
Daniel A. Wood	Assistant Vice President, Assistant General Manager, Midwest Division
Thomas R. Kile	Assistant Treasurer
David K. Nees	Associate General Counsel, Assistant Secretary

DIRECTORS

ADDRESS FOR ALL ABOVE IS:

Paul A. Ormond
Stephen L. Guillard
Steven M. Cavanaugh

333 North Summit Street
Toledo, OH 43604
Ph: (419) 252-5500