

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

102

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **851012 (5)**

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



Principal Place of Business
**ONE SEAGATE
ATTN TAX 21
TOLEDO OH 43604-2616
US**

Mailing Address
**ONE SEAGATE
ATTN TAX 21
TOLEDO OH 43604-2616
US**

3. Date Incorporated or Qualified: **11/13/1981**
3a. Date of Last Report: **04/27/1995**

4. FEI Number: **34-4402510**
Applied For: Not Applicable

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24 Zip Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip Country
29 Zip Country

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 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 607.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature (typed or printed name of registered agent) _____ (typed or printed name of registered agent) _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--------------------|---|---|
| TITLE | S | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BIXLER, JEFFREY R | 1.2 NAME | |
| STREET ADDRESS | ONE SEAGATE | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | TOLEDO OH | 1.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | DP | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ORMOND, PAUL A. | 2.2 NAME | |
| STREET ADDRESS | ONE SEAGATE | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | TOLEDO OH | 2.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | ATS | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GEHRICH, DAVID LEE | 3.2 NAME | |
| STREET ADDRESS | ONE SEAGATE | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | TOLEDO OH | 3.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | VD | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WEIKEL, M. KEITH | 4.2 NAME | |
| STREET ADDRESS | ONE SEAGATE | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | TOLEDO OH | 4.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | TAS | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MOLER, S.C. | 5.2 NAME | |
| STREET ADDRESS | ONE SEAGATE | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | TOLEDO OH | 5.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | VD | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MEYERS, G.G. | 6.2 NAME | |
| STREET ADDRESS | ONE SEAGATE | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | TOLEDO OH | 6.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: *David L Gehrich* DAVID L GEHRICH APR 17 1996 (419) 353-5764

CR2E034 (12/95)

Health Care and Retirement Corporation of America

OFFICERS

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