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**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

**FILED** 

May 15 1997 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

NAME

STREET ADDRESS.

CITY - ST - 7(P)

MEYERS, G.G.

ONE SEAGATE

TOLEDO OH

DOCUMENT # 851012

(5)

# HEALTH CARE AND RETIREMENT CORPORATION OF AMERIC

Principal Place of Business Mailing Address ONE SEAGATE ONE SEAGATE ATTN TAX 21 ATTN TAX 21 TOLEDO OH 43604-2616 TOLEDO OH 43604-1558 3. Date Incorporated or Qualified 3a. Date of Last Report <u>11/13/1981</u> 04/24/1996 2. Principal Place of Business 2a. Mailing Address Applied For 26 34-4402510 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zip Country This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Régistered Agent 81 Name CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) **PLANTATION FL 33324** 83 84 City 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. Stgrature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent algnature required when rainstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE THUE 11 TITLE Change Addition SEE ATTACHED BIXLER, JEFFREY R NAME 1.2 NAME STREET ADDRESS ONE SEAGATE 1.3 STREET ADDRESS TOLEDO OH DITY-ST-ZiP 1.4 CITY-ST-ZIP DELETE Change 1000 21 TITLE Addition ORMOND, PAUL A. NAME 2.2 NAME STREET ADDRESS ONE SEAGATE 2.3 STREET ADDRESS TOLEDO OH CITY - \$1 - 70P 2 4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Addition Channe GEHRICH, DAVID LEE NAME 3.2 NAME ONE SEAGATE STREET ADDRESS 3.3 STREET ADDRESS TOLEDO OH CITY-ST-ZIP 3.4. CITY - ST- ZIP DELETE THLE Change 4.1 TITLE Addition WEIKEL, M. KEITH NAME 4. 2 NAME ONE SEAGATE STREET ADDRESS 4.3 STREET ADDRESS TOLEDO OH CITY-ST-ZIF 4.4 CITY-ST-ZIP DELETE DILE TAS 5.1 TITLE Change Addition MOLER, S.C. NAME 5.2 NAME STREET ADDRESS ONE SEAGATE **5.3 STREET ADDRESS** TOLEDO OH CITY - ST-ZIP 5.4 CITY - ST - ZIP THLE DELETE 6.1 TITLE Change Addition

attachment with an address REQUIREDAYID L GENERAL APR 22 1997 (414) 252-5764

6.2 NAME

**6.3 STREET ADDRESS** 

6.4 CITY-ST-ZIP 14. I do 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 path; 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

## Health Care and Retirement Corporation of America

#### **OFFICERS**

Paul A. Ormond M. Keith Weikel

Geoffrey G. Meyers

R. Jeffrey Bixler Nancy A. Edwards

Jeffrey W. Ferguson

J. Susan Hines

William H. Kinschner

Barry A. Lazarus Spencer C. Moler

Wade B. O'Brian

F. Joseph Schmitt

Paul G. Sieben

Joyce C. Smith

Jack W. Ficks

John K. Graham

Jim C. Millspaugh

Deborah J. Workman John I. Remenar

David L. Gehrich Douglas G. Haag

Chairman, President & Chief Executive Officer Senior Executive Vice President & Chief Operating Officer

Executive Vice President, Chief Financial Officer & Assistant Secretary

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, Controller, Treasurer

& Assistant Secretary

Vice President, Director of Human Resources and Labor Relations & 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, General Manager of Therapy Operations

Assistant Vice President, General Manager of Vision Management Services and Ancillary Businesses

Assistant Vice President, Director of Human Resources Operations Support

Assistant Vice President, Director of MIS Assistant Vice President, Director of

Financial Services & Assistant Treasurer Assistant Secretary & 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