

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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**Apr 23, 1999 8:00 am**  
**Secretary of State**

04-23-1999 90137 007 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 851012**

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 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date Incorporated or Qualified <b>11/13/1981</b>	4. FEI Number <b>34-4402510</b>	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	
		8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM                  1200 S. PINE ISLAND ROAD                  PLANTATION FL 33324</b>	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
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** 3-10-99 (419) 252-5764  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

US-25437

CR2E034 (11/98)

851012

401196-90137-7

Health Care and Retirement Corporation of America

OFFICERS

Paul A. Ormond	Chairman, President & Chief Executive Officer
M. Keith Weikel	Senior Executive Vice President & Chief Operating Officer
Geoffrey G. Meyers	Executive Vice President, Chief Financial Officer & Assistant Secretary
R. Jeffrey Bixler	Vice President, General Counsel & Secretary
Nancy A. Edwards	Vice President, General Manager, Central Division
Jeffrey W. Ferguson	Vice President, General Manager, Midwest Division
John K. Graham	Vice President, Director of Rehabilitation Services
Jeffrey A. Grillo	Vice President, General Manager, Mid-Atlantic Div.
J. Susan Hines	Vice President, Director of Clinical Services and Specialty Programs
William H. Kinschner	Vice President, Director of Management Support Services
Barry A. Lazarus	Vice President, Director of Reimbursement
Spencer C. Moler	Vice President, Controller, & Assistant Secretary
Wade B. O'Brian	Vice President, Director of Human Resources and Labor Relations & Assistant Secretary
Richard W. Parades	Vice President, General Manager, Mid-States Div.
John I. Remenar	Vice President, Director of Financial Services & Assistant Treasurer
F. Joseph Schmitt	Vice President, General Manager, Southern Division
Paul G. Sieben	Vice President, Director of Development & Construction
Joyce C. Smith	Vice President, Director of Professional Services
Deborah J. Workman	Vice President, Director of IS
Douglas G. Haag	Treasurer
David L. Gehrich	Assistant Secretary & Assistant Treasurer
Frank T. Alcorn	Assistant Vice President, Director of Internal Audit and Risk Management
Martin D. Allen	Assistant Vice President, Director of Reimbursement Services
Steven M. Cavanaugh	Assistant Vice President, Director of Corporate Development
R. Kenneth McManis	Assistant Vice President, Director of Facility Management
Jim C. Millspaugh	Assistant Vice President, Director of Employee Relations for the Central, Midwest, Mid-States & West Division
O. William Morrison	Assistant Vice President, Assistant General Manager, Southern Division
Thomas R. Kile	Assistant Treasurer

DIRECTORS

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

ADDRESS FOR ALL ABOVE IS:

333 N. Summit St.  
Toledo, Ohio 43699-0086  
Phone: (419) 252-5500