

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 851012

1. Entity Name

HEALTH CARE AND RETIREMENT CORPORATION OF AMERIC

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90064 045 ***150.00

Principal Place of Business ONE SEAGATE ATTN TAX 21 TOLEDO OH 43604-2616 US	Mailing Address ONE SEAGATE ATTN TAX 21 TOLEDO OH 43604-1558 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	City & State	City & State
Zip	Country	Zip	Country

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

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

6. Name and Address of Current Registered Agent

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BIXLER, JEFFREY R			NAME			
STREET ADDRESS	ONE SEAGATE			STREET ADDRESS			
CITY-ST-ZIP	TOLEDO OH			CITY-ST-ZIP			
TITLE	DP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ORMOND, PAUL A.			NAME			
STREET ADDRESS	ONE SEAGATE			STREET ADDRESS			
CITY-ST-ZIP	TOLEDO OH			CITY-ST-ZIP			
TITLE	ATS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GEHRICH, DAVID LEE			NAME			
STREET ADDRESS	ONE SEAGATE			STREET ADDRESS			
CITY-ST-ZIP	TOLEDO OH			CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WEIKEL, M. KEITH			NAME			
STREET ADDRESS	ONE SEAGATE			STREET ADDRESS			
CITY-ST-ZIP	TOLEDO OH			CITY-ST-ZIP			
TITLE	TAS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MOLER, S.C.			NAME			
STREET ADDRESS	ONE SEAGATE			STREET ADDRESS			
CITY-ST-ZIP	TOLEDO OH			CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MEYERS, G.G.			NAME			
STREET ADDRESS	ONE SEAGATE			STREET ADDRESS			
CITY-ST-ZIP	TOLEDO OH			CITY-ST-ZIP			

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE: *of Secretary of State* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** *Sec'y / Ass't Treas. 1/24/00* **DATE** **DAYTIME PHONE #**