

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000132862

Entity Name: HCR MANOR CARE SERVICES OF FLORIDA, INC.

Current Principal Place of Business:

333 N. SUMMIT STREET
TOLEDO, OH 43604

Current Mailing Address:

333 N. SUMMIT STREET
TOLEDO, OH 43604 US

FEI Number: 74-3193136

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

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: _____

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name ALLEN, MARTIN DAVID
Address 333 N. SUMMIT STREET
 7TH FLOOR
City-State-Zip: TOLEDO OH 43604

Title PRESIDENT
Name REED, MICHAEL JOHN
Address 333 N. SUMMIT STREET
City-State-Zip: TOLEDO OH 43604

Title SECRETARY
Name MCCORMICK, PATRICIA A.
Address 333 N. SUMMIT STREET
City-State-Zip: TOLEDO OH 43604

Title TREASURER
Name KIGHT, DANIEL HILL
Address 333 N. SUMMIT STREET
City-State-Zip: TOLEDO OH 43604

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: PATRICIA A. MCCORMICK

SECRETARY

04/06/2016

Electronic Signature of Signing Officer/Director Detail

Date