
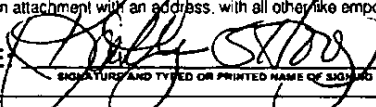


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 30, 2007 8:00 am
Secretary of State

05-02-2007 90081 040 ***150.00

5/

DOCUMENT # P06000132862					
1. Entity Name HCR MANOR CARE SERVICES OF FLORIDA, INC.					
Principal Place of Business 333 N SIMMIT ST TOLEDO, OH 43604			Mailing Address 333 N SIMMIT ST TOLEDO, OH 43604		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 74-3193136	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PCEO <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ORMOND, PAUL A	NAME			
STREET ADDRESS	333 N SIMMIT ST	STREET ADDRESS			
CITY-ST-ZIP	TOLEDO, OH 43604	CITY-ST-ZIP			
TITLE	VCOF <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WEIKEL, M. KEITH	NAME			
STREET ADDRESS	333 N SIMMIT ST	STREET ADDRESS			
CITY-ST-ZIP	TOLEDO, OH 43604	CITY-ST-ZIP			
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GUILLARD, STEPHEN L	NAME			
STREET ADDRESS	333 N SIMMIT ST	STREET ADDRESS			
CITY-ST-ZIP	TOLEDO, OH 43604	CITY-ST-ZIP			
TITLE	VCOF <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CAVANAUGH, STEVEN M	NAME			
STREET ADDRESS	333 N SIMMIT ST	STREET ADDRESS			
CITY-ST-ZIP	TOLEDO, OH 43604	CITY-ST-ZIP			
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GODLA, LARRY R	NAME			
STREET ADDRESS	333 N SIMMIT ST	STREET ADDRESS			
CITY-ST-ZIP	TOLEDO, OH 43604	CITY-ST-ZIP			
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GRAHAM, JOHN K	NAME			
STREET ADDRESS	333 N SIMMIT ST	STREET ADDRESS			
CITY-ST-ZIP	TOLEDO, OH 43604	CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE 		VP/Director of Tax		4/20/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone # 419-257-5896	

66017154



04202007 Chg-P CR2E034 (12/06)

66017154
ATTACHMENT

#D06000132862

HCR MANOR CARE SERVICES OF FLORIDA, INC.
(Florida, for-profit)

OFFICERS

Paul A. Ormond	President & Chief Executive Officer
Stephen L. Guillard	Executive Vice President, Chief Operating Officer
Steven M. Cavanaugh	Vice President, Chief Financial Officer & Assistant Secretary
Larry R. Godla	Vice President, Development & Construction
John K. Graham	Group Vice President, Heartland Home Health Care and Hospice and Ancillary Services
Kathryn S. Hoops	Vice President, Director of Tax & Assistant Treasurer
Carla Davis Hughes	Vice President, Marketing, Market Development and Sales
Matthew S. Kang	Vice President, Treasurer
David B. Lanning	Vice President, Development
Barry A. Lazarus	Vice President, Director of Reimbursement
Spencer C. Moler	Vice President, Controller & Assistant Secretary
James P. Pagoaga	Vice President, Rehabilitation Services
Richard A. Parr II	Vice President, General Counsel & Secretary
John I. Remenar	Vice President, Director of Financial Services & Assistant Treasurer
Steven D. Spencer	Vice President, Director of Human Resources & Assistant Secretary
Martin D. Allen	Assistant Vice President, Director of Internal Audit and Risk Management
Tara Brodbeck	Assistant Vice President
Bruce Schroeder	Assistant Vice President, Director of Ancillary Services
Thomas R. Kile	Assistant Treasurer
David K. Nees	Associate General Counsel & Assistant Secretary

DIRECTOR

Matthew S. Kang

ADDRESS FOR ALL ABOVE IS:

333 N. Summit St.
Toledo, Ohio 43604
Phone: (419) 252-5500