

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000024469

**FILED**  
**Apr 21, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

333 N SUMMIT STREET  
TOLEDO, OH 43604 US

**New Principal Place of Business:**

333 N. SUMMIT STREET  
TOLEDO, OH 43604 US

**Current Mailing Address:**

333 N SUMMIT STREET  
TOLEDO, OH 43604 US

**New Mailing Address:**

333 N. SUMMIT STREET  
TOLEDO, OH 43604 US

**FEI Number:** 26-2219384

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: REED, MICHAEL J  
Address: 333 N. SUMMIT STREET  
City-St-Zip: TOLEDO, OH 43604 US

Title: STD  
Name: KANG, MATTHEW S  
Address: 333 N. SUMMIT STREET, 7TH FLOOR  
City-St-Zip: TOLEDO, OH 43604 US

Title: VP  
Name: HUGHES, CARLA D  
Address: 333 N SUMMIT STREET  
City-St-Zip: TOLEDO, OH 43604 US

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: CRYSTAL MCKENZIE

POA

04/21/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date