

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000024469

**Entity Name:** HCR MANOR CARE SERVICES OF FLORIDA II, 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:** 26-2219384

**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            PRESIDENT  
Name            REED, MICHAEL JOHN  
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

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

Title            DIRECTOR  
Name            ALLEN, MARTIN DAVID  
Address        333 N. SUMMIT STREET  
                  7TH FLOOR  
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: MICHAEL JOHN REED**

**PRESIDENT**

**04/11/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date