


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90646 007 \*\*\*150.00

DOCUMENT # F03000003141 1. Entity Name <b>HEARTLAND THERAPY PROVIDER NETWORK, INC.</b>	
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Principal Place of Business <b>333 NORTH SUMMIT ST.          TOLEDO, OH 43604</b>	Mailing Address <b>333 NORTH SUMMIT ST.          TOLEDO, OH 43604</b>
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**DO NOT WRITE IN THIS SPACE**



01072004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>37-1027432</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

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

**DO NOT WRITE IN THIS SPACE**

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 reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO ORMOND, PAUL A 333 NORTH SUMMIT ST. TOLEDO, OH 43604
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP WEIKEL, M. KEITH 333 NORTH SUMMIT ST. TOLEDO, OH 43604
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP MEYERS, GEOFFREY G 333 NORTH SUMMIT ST. TOLEDO, OH 43604
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS BIXLER, R. JEFFREY 333 NORTH SUMMIT ST. TOLEDO, OH 43604
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CAVANAUGH, STEVEN M 333 NORTH SUMMIT ST. TOLEDO, OH 43604
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPGM CHENEVERT, WILLIAM J 333 NORTH SUMMIT ST. TOLEDO, OH 43604

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Xol Schubert* 04-01-04 (419) 252-5764  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment

14002244  
# F03000003141

Heartland Therapy Provider Network, Inc.

OFFICERS

Paul A. Ormond	President & Chief Executive Officer
M. Keith Weikel	Sr. Exec. Vice President & Chief Operating Officer
Geoffrey G. Meyers	Executive Vice President, Chief Financial Officer & Assistant Secretary
R. Jeffrey Bixler	Vice President, General Counsel & Secretary
Steven M. Cavanaugh	Vice President, Director of Corporate Development & Assistant Secretary
William J. Chenevert	Vice President, General Manager, West Division and Director of Operations Support
Nancy A. Edwards	Vice President, General Manager, Central Division
Larry R. Godla	Vice President, Development & Construction
John K. Graham	Vice President, General Manager, Eastern Division
Jeffrey A. Grillo	Vice President, General Manager, Mid-Atlantic Div.
Douglas G. Haag	Vice President, Treasurer
Kathryn S. Hoops	Vice President, Director of Tax & Asst. Treasurer
William H. Kinschner	Vice President, Director of Management Support Services
David B. Lanning	Vice President, Development
Barry A. Lazarus	Vice President, Director of Reimbursement
Larry C. Lester	Vice President of Marketing, General Manager, Midwest Division
Spencer C. Moler	Vice President, Controller & Assistant Secretary
Wade B. O'Brian	Vice President, Director of Human Resources and Labor Relations & Assistant Secretary
Richard W. Parades	Vice President, General Manager, Mid-States Div.
John I. Remenar	Vice President, Director of Financial Services & Assistant Treasurer
F. Joseph Schmitt	Vice President, General Manager, Southern Division
Jo Ann Young	Vice President, General Manager of Assisted Living
Martin D. Allen	Assistant Vice President, Director of Internal Audit and Risk Management
David L. Gehrich	Assistant Secretary & Assistant Treasurer
Thomas R. Kile	Assistant Treasurer
David K. Nees	Associate General Counsel & Assistant Secretary

DIRECTORS

R. Jeffrey Bixler

ADDRESS FOR ALL ABOVE IS:

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