
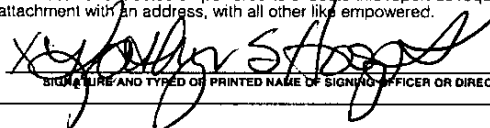


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90512 011 ***150.00

DOCUMENT # H50185					
1. Entity Name HEARTLAND REHABILITATION SERVICES OF FLORIDA, INC.					
Principal Place of Business 1414 KINGSLEY AVENUE, SUITE B ORANGE PARK, FL 32073			Mailing Address 333 SUMMIT ST ATTN: TAX-5 TOLEDO, OH 43604 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CT, CORPORATION S 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 SUMMIT ST		STREET ADDRESS		
CITY-ST-ZIP	TOLEDO, OH 43604		CITY-ST-ZIP		
TITLE	VCFO	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MEYERS, GEOFFREY G		NAME		
STREET ADDRESS	333 SUMMIT ST		STREET ADDRESS		
CITY-ST-ZIP	TOLEDO, OH 43604		CITY-ST-ZIP		
TITLE	VSD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BIKLER, JEFFREY R		NAME		
STREET ADDRESS	333 SUMMIT ST		STREET ADDRESS		
CITY-ST-ZIP	TOLEDO, OH 43604		CITY-ST-ZIP		
TITLE	VPDM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KINSCHNER, WILLIAM H		NAME		
STREET ADDRESS	333 SUMMIT ST		STREET ADDRESS		
CITY-ST-ZIP	TOLEDO, OH 43604		CITY-ST-ZIP		
TITLE	VPDR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LAZARUS, BARRY A		NAME		
STREET ADDRESS	333 SUMMIT ST		STREET ADDRESS		
CITY-ST-ZIP	TOLEDO, OH 43604		CITY-ST-ZIP		
TITLE	VCOO	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	M. KEITH, WEIKEL		NAME		
STREET ADDRESS	333 SUMMIT 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 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: 			04-25-05 (419) 252-5794		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

50045142



03182005 Chg-P CR2E034 (10/03)

4. FEI Number 59-2504386 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

ATTACHMENT

50045742

#H50185

HEARTLAND REHABILITATION SERVICES OF FLORIDA, 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, Treasurer & Assistant Secretary
R. Jeffrey Bixler	Vice President, General Counsel & Secretary
Steven M. Cavanaugh	Vice President, Director of Corporate Development & Assistant Secretary
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.
Kathryn S. Hoops	Vice President, Director of Tax & Assistant 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
James P. Pagoaga	Vice President, Rehabilitation Services
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 Div.
Steven D. Spencer	Vice President, Director of Human Resources & Assistant Secretary
Jo Ann Young	Vice President, General Manager of Assisted Living
Martin D. Allen	Assistant Vice President, Director of Internal Audit and Risk Management
Matthew S. Kang	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