

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90081 027 ***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 - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country

04202007 Chg-P CR2E034 (12/06)
 4. FEI Number: **59-2504386**
 Applied For: Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required



6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 S. 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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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 SUMMIT ST TOLEDO, OH 43604 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VCFO MEYERS, GEOFFREY G 333 SUMMIT ST TOLEDO, OH 43604 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VSD BIKLER, JEFFREY R 333 SUMMIT ST TOLEDO, OH 43604 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPDM KINSCHNER, WILLIAM H 333 SUMMIT ST TOLEDO, OH 43604 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPDR LAZARUS, BARRY A 333 SUMMIT ST TOLEDO, OH 43604 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VCOO M. KEITH, WEIKEL 333 SUMMIT ST TOLEDO, OH 43604 <input checked="" type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VCFO Steven M. Cavanaugh 333 N. Summit St. Toledo, OH 43604 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPS Richard A. Parr II 333 N. Summit St. Toledo, OH 43604 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPT Matthew S. Kang 333 N. Summit St. Toledo, OH 43604 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VCOO Stephen L. Guillard 333 N. Summit St Toledo, OH 43604 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |

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: *[Signature]* **V.P. Director of Tax** **4/20/07** **419-252-5896**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT 40099898

#H50185

HEARTLAND REHABILITATION SERVICES OF FLORIDA, INC.

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 |
| Kathryn S. Hoops | Vice President, Director of Tax & Assistant Treasurer |
| 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 |
| George Thompson | Assistant Vice President, Director of Outpatient Rehabilitation Services |
| Thomas R. Kile | Assistant Treasurer |
| David K. Nees | Associate General Counsel & Assistant Secretary |

DIRECTORS

Matthew S. Kang

ADDRESS FOR ALL ABOVE IS:

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