

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 19, 2006 8:00 am**  
**Secretary of State**

05-19-2006 90027 009 \*\*\*150.00

**DOCUMENT # F03000003141**

1. Entity Name  
HEARTLAND THERAPY PROVIDER NETWORK, INC.



Principal Place of Business  
333 NORTH SUMMIT ST.  
TOLEDO, OH 43604

Mailing Address  
333 NORTH SUMMIT ST.  
TOLEDO, OH 43604

40093342



03282006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
37-1027432

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 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

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, 2006 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  
VPD  
HOOPS, KATHRYN S  
333 N 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Kathryn S. Hoops

(419) 252-5764

# ATTACHMENT 40093342

## Heartland Therapy Provider Network, Inc.

### OFFICERS

#F03000003141

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
Stephen L. Guillard	Executive Vice President
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
Jeffrey A. Grillo	Vice President, General Manager, Mid-Atlantic Div.
Kathryn S. Hoops	Vice President, Director of Tax & Asst. Treasurer
Matthew S. Kang	Vice President, 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, General Manager, Midwest Division
Spencer C. Moler	Vice President, Controller & Assistant Secretary
Susan E. Morey	Vice President, General Manager, Eastern Division
James P. Pagoaga	Vice President, Rehabilitation Services
Michael J. Reed	Vice President, General Manager, Assisted Living Div.
John I. Remenar	Vice President, Director of Financial Services & Assistant Treasurer
F. Joseph Schmitt	Vice President, General Manager, West Division
Steven D. Spencer	Vice President, Director of Human Resources & Assistant Secretary
Martin D. Allen	Assistant Vice President, Director of Internal Audit and Risk Management
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