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Florida Department of State  
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Account Name : C T CORPORATION SYSTEM  
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03 JUN 25 AM 10:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATION

FOREIGN PROFIT QUALIFICATION

Heartland Therapy Provider Network, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$70.00

JB  
6-25-03

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. Heartland Therapy Provider Network, Inc.  
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. Delaware 3. 37-1027432  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 4/28/77 5. perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. upon qualification  
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")  
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 333 North Summit Street, Toledo, OH 43604  
(Principal office address)
- (Current mailing address)
8. to engage in any lawful act or activity for which corporations may be organized  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)  
Name: CT Corporation System  
Office Address: 1200 South Pine Island Road,  
Plantation, Florida 33324  
(City) (Zip code)

### 10. Registered agent's acceptance:

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

CT Corporation System

By: Joyce A. Gilbert

(Registered agent's signature)

JOYCE A. GILBERT  
ASSISTANT SECRETARY

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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## 12. Names and business addresses of officers and/or directors:

## A. DIRECTORS

Chairman: See attached

Address: \_\_\_\_\_

\_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

## B. OFFICERS

President: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. R. Jeffrey Bixler

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. R. Jeffrey Bixler, Vice President

(Typed or printed name and capacity of person signing application)

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## OFFICERS

President & Chief Executive Officer  
Sr. Exec. Vice President & Chief Operating Officer  
Executive Vice President, Chief Financial Officer  
& Assistant Secretary

Vice President, General Counsel & Secretary  
Vice President, Director of Corporate  
Development & Assistant Secretary

Vice President, General Manager, West Division  
and Director of Operations Support

Vice President, General Manager, Central Division

Vice President, Development & Construction

Vice President, General Manager, Eastern Division

Vice President, General Manager, Mid-Atlantic Div.

Vice President, Treasurer

Vice President, Director of Tax & Asst. Treasurer

Vice President, Director of Management  
Support Services

Vice President, Development

Vice President, Director of Reimbursement

Vice President, General Manager, Midwest Division

Vice President, Controller & Assistant Secretary

Vice President, Director of Human Resources

Vice President General Manager Mid-States Div.

Vice President, General Manager, Mid-States DI  
Vice President, Director of Financial Services  
& Assistant Treasurer

Vice President, General Manager, Southern Division

Vice President, General Manager of Assisted Living

Assistant Vice President, Director of  
Internal Audit and Risk Management

Assistant Secretary & Assistant Treasurer

Assistant Treasurer

Associate General Counsel & Assistant Secretary

R. Jeffrey Bixler

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

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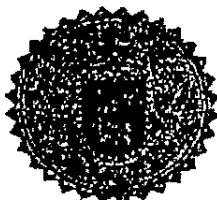
# *Delaware*

*The First State*

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HEARTLAND THERAPY PROVIDER NETWORK, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTIETH DAY OF JUNE, A.D. 2003.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



*Harriet Smith Windsor*  
Harriet Smith Windsor, Secretary of State

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AUTHENTICATION: 2486685

DATE: 06-20-03