2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F94000003344

1. Entity Name

HCR HEALTH SERVICES CORP.



Principal Place of Business

333 N SUMMIT ST

ATTN: TAX-5 TOLEDO, OH 43606 US Mailing Address

333 N SUMMIT ST

ATTN: TAX-5

TOLEDO, OH 43606 US

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

05-19-2006 90027 029 ***150.00



DO NOT WRITE IN THIS SPACE

03282006 No Chg-P CR2E034 (11/05)

4. FEI Number 34-1760503 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 RD. 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 NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Fina Trust Fund Contribution | | | \$5.00 May Be Added to Fees | | |
| 10. | OFFICERS AND DIREC | TORS | | - 100-000 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PCEO ORMOND, PAUL A 333 N SUMMIT ST TOLEDO, OH 43604 | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VCOO WEIKEL, M. KEITH 333 N SUMMIT ST TOLEDO, OH 43604 | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | EVAS MEYERS, GEOFFREY G 333 N SUMMIT ST TOLEDO, OH 43604 | | DO NOT WRITE | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD HOOPS, KATHRYN S 333 N SUMMIT ST TOLEDO, OH 43604 | | | IN THIS SPACE | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VSD BIXLER, R. JEFFREY 333 N SUMMIT ST TOLEDO, OH 43604 | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP KINSCHNER, WILLIAM H 333 N SUMMIT ST TOLEDO, OH 43604 | | | | |
| 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 | | | | | |

12. Trereoy ceruity mat the information supplied with this filing does not quality for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplied 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 rustee 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 appress, with all other like empowered.

SIGNATURE

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Hopes 4/24/06 (419) 252-5764
Daysone Phone i

ATTACHMENT

40093322

HEARTLAND SERVICES CORP.

OFFICERS

Paul A. Ormond M. Keith Weikel Geoffrey G. Meyers

Stephen L. Guillard R. Jeffrey Bixler Steven M. Cavanaugh

Nancy A. Edwards Larry R. Godla Jeffrey A. Grillo Kathryn S. Hoops Matthew S. Kang William H. Kinschner

David B. Lanning Barry A. Lazarus Larry C. Lester Spencer C. Moler Susan E. Morey James P. Pagoaga Michael J. Reed John I. Remenar

F. Joseph Schmitt Steven D. Spencer

Martin D. Allen

Tony Hughes Thomas R. Kile David K. Nees

DIRECTORS

Matthew S. Kang

F94000003344

President & Chief Executive Officer

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

& Assistant Secretary

Executive Vice President

Vice President, General Counsel & Secretary

Vice President, Director of Corporate Development & Assistant Secretary

Vice President, General Manager, Central Division

Vice President, Development & Construction

Vice President, General Manager, Mid-Atlantic Div. Vice President, Director of Tax & Assistant Treasurer

Vice President, 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, General Manager, Eastern Division

Vice President, Rehabilitation Services

Vice President, General Manager, Assisted Living Div.

Vice President, Director of Financial Services

& Assistant Treasurer

Vice President, General Manager, West Division

Vice President, Director of Human Resources

& Assistant Secretary

Assistant Vice President, Director of Internal Audit and Risk Management

Assistant Vice President, Pharmacy Services

Assistant Treasurer

Associate General Counsel & Assistant Secretary

ADDRESS FOR ALL ABOVE IS:

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