

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
May 15 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F95000002506 (2)

1. Corporation Name

HEARTLAND HOME HEALTH CARE SERVICES, INC.

Principal Place of Business

ONE SEAGATE  
ATTN: TAX 21  
TOLEDO OH 43604-2616  
US

Mailing Address

ONE SEAGATE  
ATTN: TAX 21  
TOLEDO OH 43604-1558  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

05/23/1995

3a. Date of Last Report

04/24/1996

4. FEI Number

34-1787967

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☒ Yes

☐ No

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CP	<input type="checkbox"/> DELETE
NAME	ORMOND, PAUL A	
STREET ADDRESS	ONE SEAGATE, 23RD FL.	
CITY - ST - ZIP	TOLEDO OH 43604-2616	
TITLE	CV	<input type="checkbox"/> DELETE
NAME	WEIKEL, M. KEITH	
STREET ADDRESS	ONE SEAGATE, 23RD FL.	
CITY - ST - ZIP	TOLEDO OH 43604-2616	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MEYERS, GEOFFREY G	
STREET ADDRESS	ONE SEAGATE, 23RD FL.	
CITY - ST - ZIP	TOLEDO OH 43604-2616	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	TUTTLE, RICHARD C	
STREET ADDRESS	ONE SEAGATE, 23RD FL.	
CITY - ST - ZIP	TOLEDO OH 43604-2616	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MOLER, SPENCER	
STREET ADDRESS	ONE SEAGATE, 23RD FL.	
CITY - ST - ZIP	TOLEDO OH 43604-2616	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BIXLER, R. JEFFREY	
STREET ADDRESS	ONE SEAGATE, 23RD FL.	
CITY - ST - ZIP	TOLEDO OH 43604-2616	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David L. Gehrich

APR 21 1997

(414) 252-5764

Date

Daytime Phone #

CR2E034 (9/96)

**HEARTLAND HOME HEALTH CARE SERVICES, INC.**

**OFFICERS**

Paul A. Ormond	Chairman & Chief Executive Officer
Rodney A. Hildebrant	President
M. Keith Weikel	Senior Executive Vice President & Chief Operating Officer
Geoffrey G. Meyers	Executive Vice President, Chief Financial Officer & Assistant Secretary
R. Jeffrey Bixler	Vice President, General Counsel & Secretary
William H. Kinschner	Vice President, Director of Management Support Services
Barry A. Lazarus	Vice President, Director of Reimbursement
Spencer C. Moler	Vice President, Controller, Treasurer & Assistant Secretary
Wade B. O'Brian	Vice President, Director of Human Resources and Labor Relations & Assistant Secretary
John I. Remenar	Assistant Vice President, Director of Financial Services & Assistant Treasurer
David L. Gehrich	Assistant Secretary & Assistant Treasurer
Douglas G. Haag	Assistant Treasurer
Bruce Schroeder	Assistant Secretary

**DIRECTORS**

Paul A. Ormond  
M. Keith Weikel  
Geoffrey G. Meyers  
Richard C. Tuttle

**ADDRESS FOR ALL BUT RODNEY HILDEBRANT: ADDRESS FOR R. HILDEBRANT:**

One SeaGate  
Toledo, Ohio 43604-2616  
Phone: (419) 252-5600

401 Center Avenue  
Bay City, MI 48707  
Phone: (517) 893-1434