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FILED
May 15 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000002506 (2)

1. Corporation Name

HEARTLAND HOME HEALTH CARE SERVICES, INC.



Principal Place of Business

Mailing Address

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

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/23/1995

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 of applicant

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CP
NAME ORMOND, PAUL A
STREET ADDRESS ONE SEAGATE, 23RD FL.
CITY-ST-ZIP TOLEDO OH 43604-2616 ☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE CV
NAME WEIKEL, M. KEITH
STREET ADDRESS ONE SEAGATE, 23RD FL.
CITY-ST-ZIP TOLEDO OH 43604-2616 ☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME MEYERS, GEOFFREY G
STREET ADDRESS ONE SEAGATE, 23RD FL.
CITY-ST-ZIP TOLEDO OH 43604-2616 ☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE AVPD
NAME REMENAR, JOHN I
STREET ADDRESS ONE SEAGATE
CITY-ST-ZIP TOLEDO OH 16 ☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE T
NAME MOLER, SPENCER
STREET ADDRESS ONE SEAGATE, 23RD FL.
CITY-ST-ZIP TOLEDO OH 43604-2616 ☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE S
NAME BIXLER, R. JEFFREY
STREET ADDRESS ONE SEAGATE, 23RD FL.
CITY-ST-ZIP TOLEDO OH 43604-2616 ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I 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.

David L Genich APR 17 1998

(419)252-5764

CR2E034 (10/97)

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

ADDRESS FOR ALL:

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