

2000 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90039 040 ***150.00

A0020061



DO NOT WRITE IN THIS SPACE

DOCUMENT # F95000002506			
1. Entity Name HEARTLAND HOME HEALTH CARE SERVICES, INC.			
Principal Place of Business SEAGATE TAX 21 TOLEDO OH 43604-2616		Mailing Address ONE SEAGATE ATTN: TAX 21 TOLEDO OH 43604-1558 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 34-1787967		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> <small>(See criteria on back)</small>		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	
10. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		Trust Fund Contribution.	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP ORMOND, PAUL A ONE SEAGATE, 23RD FL. TOLEDO OH 43604-2616 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CV WEIKEL, M. KEITH ONE SEAGATE, 23RD FL. TOLEDO OH 43604-2616 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEYERS, GEOFFREY G ONE SEAGATE, 23RD FL. TOLEDO OH 43604-2616 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVPD REMENAR, JOHN I ONE SEAGATE TOLEDO OH 16 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MOLER, SPENCER ONE SEAGATE, 23RD FL. TOLEDO OH 43604-2616 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BIXLER, R. JEFFREY ONE SEAGATE, 23RD FL. TOLEDO OH 43604-2616 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			

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Howell

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, & Assistant Secretary
Wade B. O'Brian	Vice President, Director of Human Resources and Labor Relations & Assistant Secretary
John I. Remenar	Vice President, Director of Financial Services & Assistant Treasurer
Douglas G. Haag	Treasurer
David L. Gehrich	Assistant Secretary & Assistant Treasurer
Bruce Schroeder	Assistant Secretary
Thomas R. Kile	Assistant Treasurer

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

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ADDRESS FOR ALL:

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