

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000002506

1. Entity 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

2. Principal Place of Business

3. Mailing Address

333 N Summit St.

333 N Summit St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

ATTN: TAX-5

ATTN: TAX-5

City & State

City & State

Toledo, OH

Toledo, OH

Zip

Zip

43604

43604

Country

Country

USA

USA

6. Name and Address of Current Registered Agent

4. FEI Number

34-1787967

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
Make Check Payable to Department of State

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

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	CV WEIKEL, M. KEITH ONE SEAGATE, 23RD FL. TOLEDO OH 43604-2616	<input type="checkbox"/> Delete
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	AVPD REMENAR, JOHN I ONE SEAGATE TOLEDO OH 16	<input type="checkbox"/> Delete
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	S BIXLER, R. JEFFREY ONE SEAGATE, 23RD FL. TOLEDO OH 43604-2616	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CEO ORMOND, PAUL A. 333 SUMMIT ST. TOLEDO, OH 43604	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP COO WEIKEL, M. KEITH 333 SUMMIT ST. TOLEDO, OH 43604	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CEO AS MEYERS, GEOFFREY G. 333 SUMMIT ST. TOLEDO, OH 43604	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DFS AS T REMENAR, JOHN I. 333 SUMMIT ST. TOLEDO, OH 43604	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP C AS MOLER, SPENCER C. 333 SUMMIT ST. TOLEDO, OH 43604	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS D BIXLER, R. JEFFREY 333 SUMMIT ST. TOLEDO, OH 43604	<input checked="" 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:

*X OR Schmidt*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04.25.01

Date

(419)253-5764

Daytime Phone #

FILED  
May 14, 2001 8:00 am  
Secretary of State

05-14-2001 90203 026 \*\*\*150.00

104325



DO NOT WRITE IN THIS SPACE

0685447

CR2E034 (10/00)

*Attachment*  
*764325*  
*#F45 000002506*

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

**OFFICERS**

Paul A. Ormond	Chairman & Chief Executive Officer
Rodney A. Hildebrant	President
M. Keith Weikel	Sr. Exec. Vice President & Chief Operating Officer
Geoffrey G. Meyers	Executive Vice President, Chief Financial Officer & Assistant Secretary
R. Jeffrey Bixler	Vice President, General Counsel & Secretary
Steven M. Cavanaugh	Vice President, Director of Corporate Development & Assistant Secretary
Nancy A. Edwards	Vice President, General Manager, Central Division
Larry R. Godla	Vice President, Development & Construction
John K. Graham	Vice President, Director of Rehabilitation Services
Jeffrey A. Grillo	Vice President, General Manager, Mid-Atlantic Div.
Douglas G. Haag	Vice President, Treasurer
David C. Heberling	Vice President, Employee Relations
William H. Kinschner	Vice President, Director of Management Support Services
David B. Lanning	Vice President, Development
Barry A. Lazarus	Vice President, Director of Reimbursement
Larry C. Lester	Vice President, General Manager, Midwest Division
Spencer C. Moler	Vice President, Controller & Assistant Secretary
O. William Morrison	Vice President, General Manager, Eastern Division
Wade B. O'Brian	Vice President, Director of Human Resources and Labor Relations & Assistant Secretary
Richard W. Parades	Vice President, General Manager, Mid-States Div.
John I. Remenar	Vice President, Director of Financial Services & Assistant Treasurer
F. Joseph Schmitt	Vice President, General Manager, Southern Division
Jo Ann Young	Vice President, General Manager of Assisted Living
Martin D. Allen	Assistant Vice President, Director of Reimbursement Services
Bruce Schroeder	Assistant Vice President, Director of Ancillary Services
David L. Gehrich	Assistant Secretary & Assistant Treasurer
Kenneth Gelfarb	Assistant Secretary
Thomas R. Kile	Assistant Treasurer
David K. Nees	Associate General Counsel & Assistant Secretary

**DIRECTORS**

R. Jeffrey Bixler

**ADDRESS FOR ALL ABOVE IS:**

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