2002 UNIFORM BUSINESS REPORT (UBR)

May 20, 2002 8:00 amg Secretary of State DOCUMENT # F95000002506 1. Entity Name 05-20-2002 90100 012 ***150.00 HEARTLAND HOME HEALTH CARE SERVICES, INC. Principal Place of Business Mailing Address 333 N SUMMIT ST 333 N SUMMIT ST 99 **9004**2 ATTN: TAX-5 ATTN: TAX-5 TOLEDO OH 43604 TOLEDO OH 43604 US US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 34-1787967 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD **PLANTATION FL 33324** Zip Code City FL 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CR2E034 (9/01) Change ☐ Addition ☐ Delete TITLE TITLE **PCEO** NAME NAME ORMOND, PAUL A STREET ADDRESS STREET ADDRESS 333 N SUMMIT ST CITY-ST-ZIP CITY-ST-ZIP **TOLEDO OH 43604** ☐ Addition Change ☐ Delete TITLE VC00 NAME NAME WEIKEL, M. KEITH STREET ADDRESS STREET ADDRESS 333 N SUMMIT ST CITY-ST-ZIP CITY-ST-ZIP TOLEDO OH 43604 ☐ Delete ☐ Change ☐ Addition TITLE TITLE VCFS NAME NAME MEYERS, GEOFFREY G STREET ADDRESS STREET ADDRESS 333 N SUMMIT ST CITY-ST-ZIP CITY-ST-ZIP TOLEDO OH 43604 Change ☐ Addition ☐ Delete TITLE TITLE **VDAS** NAME NAME REMENAR, JOHN I STREET ADDRESS STREET ADDRESS 333 N SUMMIT ST CITY-ST-7IP CITY-ST-ZIP TOLEDO OH 43604 ☐ Change ☐ Addition ☐ Delete TITLE TITLE **VCAS** NAME NAME MOLER, SPENCER STREET ADDRESS STREET ADDRESS 333 N SUMMIT ST CITY-ST-ZIP CITY-ST-ZIP TOLEDO OH 43604 Delete TITLE Change ☐ Addition TITLE NAME NAME BIXLER, R. JEFFREY STREET ADDRESS STREET ADDRESS 333 N SUMMIT ST CITY-ST-ZIP C!TY-ST-ZIP **TOLEDO OH 43604**

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

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE

FILED

Off ach HEARTLAND HOME HEALTH CARE SERVICES, INC.

OFFICERS

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

R. Jeffrey Bixler Steven M. Cavanaugh

Nancy A. Edwards
Larry R. Godla
John K. Graham
Jeffrey A. Grillo
Douglas G. Haag
William H. Kinschner

David B. Lanning
Barry A. Lazarus
Larry C. Lester
Spencer C. Moler
O. William Morrison
Wade B. O'Brian

Richard W. Parades John I. Remenar

F. Joseph Schmitt Jo Ann Young Martin D. Allen

Bruce Schroeder

David L. Gehrich Thomas R. Kile David K. Nees Chief Executive Officer

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, Director of Rehabilitation Services Vice President, General Manager, Mid-Atlantic Div.

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, Director of Human Resources and Labor Relations & Assistant Secretary

Vice President, General Manager, Mid-States Div.

Vice President, Director of Financial Services & Assistant Treasurer

Vice President, General Manager, Southern Division Vice President, General Manager of Assisted Living

Assistant Vice President, Director of

Reimbursement Services

Assistant Vice President, Director of Ancillary Services

Assistant Secretary & Assistant Treasurer

Assistant Treasurer

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