


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90512 016 ***150.00

DOCUMENT # F95000002506 1. Entity Name HEARTLAND HOME HEALTH CARE SERVICES, INC.	
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Principal Place of Business 333 N SUMMIT ST ATTN: TAX-5 TOLEDO, OH 43604 US	Mailing Address 333 N SUMMIT ST ATTN: TAX-5 TOLEDO, OH 43604 US
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DO NOT WRITE IN THIS SPACE

50045137

03182005 No Chg-P CR2E034 (10/03)

4. FEI Number 34-1787967	Applied For 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	DO NOT WRITE IN THIS SPACE
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PCEO ORMOND, PAUL A 333 N SUMMIT ST TOLEDO, OH 43604
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VCOO WEIKEL, M. KEITH 333 N SUMMIT ST TOLEDO, OH 43604
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VCFS MEYERS, GEOFFREY G 333 N SUMMIT ST TOLEDO, OH 43604
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VDAS REMENAR, JOHN I 333 N SUMMIT ST TOLEDO, OH 43604
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VCAS MOLER, SPENCER 333 N SUMMIT ST TOLEDO, OH 43604
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD BIXLER, R. JEFFREY 333 N SUMMIT ST TOLEDO, OH 43604

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **04-25-05** **(419) 252-5794**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

50045137
#F95000002506

HEARTLAND HOME HEALTH CARE SERVICES, INC.

OFFICERS

Paul A. Ormond	President & Chief Executive Officer
M. Keith Weikel	Sr. Exec. Vice President & Chief Operating Officer
Geoffrey G. Meyers	Executive Vice President, Chief Financial Officer, Treasurer & 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, General Manager, Eastern Division
Jeffrey A. Grillo	Vice President, General Manager, Mid-Atlantic Div.
J. Susan Harless	Vice President, Director of Clinical Services for Heartland Home Health Care and Hospice
Kathryn S. Hoops	Vice President, Director of Tax & Assistant Treasurer
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 of Marketing, General Manager, Midwest Division
Spencer C. Moler	Vice President, Controller & Assistant Secretary
James P. Pagoaga	Vice President, Rehabilitation Services
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
Steven D. Spencer	Vice President, Director of Human Resources & Assistant Secretary
Jo Ann Young	Vice President, General Manager of Assisted Living
Martin D. Allen	Assistant Vice President, Director of Internal Audit and Risk Management
Karen Bell	Assistant Vice President, Professional Services for Home Health Care and Hospice
Bruce Schroeder	Assistant Vice President, Director of Ancillary Services
Matthew S. Kang	Assistant Treasurer
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