


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2006 8:00 am
Secretary of State

05-19-2006 90027 016 ***150.00

DOCUMENT # F95000002506

1. Entity Name
 HEARTLAND HOME HEALTH CARE SERVICES, INC.



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

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

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 _____ 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
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

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 exemptions contained in Chapter 119, 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: *[Signature]* *Kathryn S. Hoops* *4/24/06* *(419) 252-5764*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

40093335



03282006 No Chg-P CR2E034 (11/05)

4. FEI Number 34-1787967	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

ATTACHMENT 40093335

HEARTLAND HOME HEALTH CARE SERVICES, INC.

OFFICERS

F9500002506

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 & Assistant Secretary
Stephen L. Guillard	Executive Vice President
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	Group Vice President, Heartland Home Health Care and Hospice and Ancillary Services
Jeffrey A. Grillo	Vice President, General Manager, Mid-Atlantic Div.
Kathryn S. Hoops	Vice President, Director of Tax & Assistant Treasurer
Carla Davis Hughes	Vice President, Marketing, Market Development and Sales
Matthew S. Kang	Vice President, 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, General Manager, Midwest Division
Spencer C. Moler	Vice President, Controller & Assistant Secretary
Susan E. Morey	Vice President, General Manager, Eastern Division
James P. Pagoaga	Vice President, Rehabilitation Services
Michael J. Reed	Vice President, General Manager, Assisted Living Div.
John I. Remenar	Vice President, Director of Financial Services & Assistant Treasurer
F. Joseph Schmitt	Vice President, General Manager, West Division
Steven D. Spencer	Vice President, Director of Human Resources & Assistant Secretary
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
Thomas R. Kile	Assistant Treasurer
David K. Nees	Associate General Counsel & Assistant Secretary

DIRECTORS

Matthew S. Kang

ADDRESS FOR ALL ABOVE IS:

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