

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**

40093335



DO NOT WRITE IN THIS SPACE

03282006 No Chg-P CR2E034 (11/05)

4. FEI Number
34-1787967

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kathryn S. Hoops **Kathryn S. Hoops** **4/24/06** **(419) 252-5764**

Date

Daytime Phone #

ATTACHMENT 40093335

HEARTLAND HOME HEALTH CARE SERVICES, INC.

OFFICERS

#F95000002506

| | |
|----------------------|--|
| 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