


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90081 030 ***150.00

DOCUMENT # F95000002506

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



Principal Place of Business Mailing Address

333 N SUMMIT ST **333 N SUMMIT ST**
ATTN: TAX-5 **ATTN: TAX-5**
TOLEDO, OH 43604 US **TOLEDO, OH 43604 US**


2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

400000



04202007 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
34-1787967 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

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. 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, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PCEO	<input type="checkbox"/> Delete
NAME	ORMOND, PAUL A	
STREET ADDRESS	333 N SUMMIT ST	
CITY-ST-ZIP	TOLEDO, OH 43604	
TITLE	VCOO	<input checked="" type="checkbox"/> Delete
NAME	WEIKEL, M. KEITH	
STREET ADDRESS	333 N SUMMIT ST	
CITY-ST-ZIP	TOLEDO, OH 43604	
TITLE	VCFS	<input checked="" type="checkbox"/> Delete
NAME	MEYERS, GEOFFREY G	
STREET ADDRESS	333 N SUMMIT ST	
CITY-ST-ZIP	TOLEDO, OH 43604	
TITLE	VDAS	<input type="checkbox"/> Delete
NAME	REMENAR, JOHN I	
STREET ADDRESS	333 N SUMMIT ST	
CITY-ST-ZIP	TOLEDO, OH 43604	
TITLE	VCAS	<input type="checkbox"/> Delete
NAME	MOLER, SPENCER	
STREET ADDRESS	333 N SUMMIT ST	
CITY-ST-ZIP	TOLEDO, OH 43604	
TITLE	VSD	<input checked="" type="checkbox"/> Delete
NAME	BIXLER, R. JEFFREY	
STREET ADDRESS	333 N SUMMIT ST	
CITY-ST-ZIP	TOLEDO, OH 43604	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VCOO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Stephen A Guillard	
STREET ADDRESS	333 N. Summit St.	
CITY-ST-ZIP	Toledo, OH 43604	
TITLE	VCFO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Steven M Gavonaugh	
STREET ADDRESS	333 N. Summit St.	
CITY-ST-ZIP	Toledo, OH 43604	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Richard A. Parr II	
STREET ADDRESS	333 N. Summit St	
CITY-ST-ZIP	Toledo, OH 43604	

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

V.P./Director of Tax 4/20/07 419-252-5846

ATTACHMENT
40099895
F95000062506

HEARTLAND HOME HEALTH CARE SERVICES, INC.

OFFICERS

Paul A. Ormond	President & Chief Executive Officer
Stephen L. Guillard	Executive Vice President, Chief Operating Officer
Steven M. Cavanaugh	Vice President, Chief Financial Officer & 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
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
David B. Lanning	Vice President, Development
Barry A. Lazarus	Vice President, Director of Reimbursement
Spencer C. Moler	Vice President, Controller & Assistant Secretary
James P. Pagoaga	Vice President, Rehabilitation Services
Richard A. Parr II	Vice President, General Counsel & Secretary
John I. Remenar	Vice President, Director of Financial Services & Assistant Treasurer
Steven D. Spencer	Vice President, Director of Human Resources & Assistant Secretary
Martin D. Allen	Assistant Vice President, Director of Internal Audit and Risk Management
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