
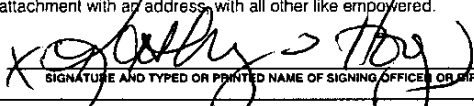


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-02-2005 90464 010 ***150.00

DOCUMENT # F95000002543 1. Entity Name MILESTONE HEALTHCARE, INC.					
Principal Place of Business 2501 CEDAR SPRINGS RD. STE 300 LB 15 DALLAS, TX 75201 US			Mailing Address 333 N. SUMMIT ST. TAX 5 TOLEDO, OH 43604 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 75-2592398	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALLEN, CHARLES 2501 CEDAR SPRINGS DALLAS, TX 75201	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P./C.E.O Paul A. Ormond 333 N. Summit St. Toledo, OH 43604
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CCEO ORMOND, PAUL A 333 N. SUMMIT ST TOLEDO, OH 43604	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VGM EDWARDS, NANCY A 333 N. SUMMIT ST. TOLEDO, OH 43604	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GEHRICH, DAVID L 333 N SUMMIT STREET TOLEDO, OH 43699	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P./Director of Tax Kathryn S. Hoops 333 N. Summit St. Toledo, OH 43604
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASAT GEHRICH, DAVID L 333 N. SUMMIT ST. TOLEDO, OH 43604	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDHR O'BRIAN, WADE B 333 N. SUMMIT ST. TOLEDO, OH 43604	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 <small>Date Daytime Phone #</small>	

ATTACHMENT

MILESTONE HEALTHCARE, INC.

40072610

#F95000002543

OFFICERS

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

President & Chief Executive Officer
Sr. Exec. Vice President & Chief Operating Officer
Executive Vice President, Chief Financial Officer,
Treasurer & Assistant Secretary

R. Jeffrey Bixler
Steven M. Cavanaugh

Vice President, General Counsel & Secretary
Vice President, Director of Corporate
Development & Assistant Secretary

Nancy A. Edwards
Larry R. Godla
John K. Graham
Jeffrey A. Grillo
Kathryn S. Hoops
Roger T. Jenkins
William H. Kinschner

Vice President, General Manager, Central Division
Vice President, Development & Construction
Vice President, General Manager, Eastern Division
Vice President, General Manager, Mid-Atlantic Div.
Vice President, Director of Tax & Assistant Treasurer
Vice President/General Manager
Vice President, Director of Management
Support Services

David B. Lanning
Barry A. Lazarus
Larry C. Lester

Vice President, Development
Vice President, Director of Reimbursement
Vice President of Marketing,
General Manager, Midwest Division

Spencer C. Moler
James P. Pagoaga
Richard W. Parades
John I. Remenar

Vice President, Controller & Assistant Secretary
Vice President, Rehabilitation Services
Vice President, General Manager, Mid-States Div.
Vice President, Director of Financial Services
& Assistant Treasurer

F. Joseph Schmitt
Steven D. Spencer

Vice President, General Manager, Southern Division
Vice President, Director of Human Resources
& Assistant Secretary

Jo Ann Young
Martin D. Allen

Vice President, General Manager of Assisted Living
Assistant Vice President, Director of
Internal Audit and Risk Management

Matthew S. Kang
Thomas R. Kile
David K. Nees

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