2006 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

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

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

05-19-2006 90027 024 ***150.00

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No Chg-P

CR2E034 (11/05)

4. FEI Number 75-2592398

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

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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						
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.			cing	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS				
TITLE	PCEO					
NAME	ORMOND, PAUL A					
STREET ADDRESS	333 N SUMMIT 1S					
CITY-ST-ZIP	TOLEDO, OH 43604					
TITLE	CCEO					
NAME	ORMOND, PAUL A					
STREET ADDRESS	333 N, SUMMIT ST					
CITY-ST-ZIP	TOLEDO, OH 43604					
TITLE	VGM					
NAME	EDWARDS, NANCY A					
STREET ADORESS	333 N. SUMMIT ST.				NOT MOITE	
CITY-ST-ZIP	TOLEDO, OH 43604			DO	NOT WRITE	
TITLE	VPD			INI '	THIS SDACE	
NAME	HOOPS, KATHRYN S 333 N SUMMIT STREET			IN THIS SPACE		
STREET ADDRESS						
CITY-ST-ZIP	TOLEDO, OH 43699		1			
TITLE						
NAME						
STREET ADDRESS						
CITY-ST-ZIP						
TITLE						
NAME						
STREET ADDRESS						
CITY-ST-ZIP						
12. I hereby certify that the information supplied with this filling 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 any address, with all other like empowered.						

SIGNING OFFICER OR DIRECTOR

ATTACHMENT 40093327

MILESTONE HEALTHCARE, INC.

OFFICERS

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

Stephen L. Guillard R. Jeffrey Bixler Steven M. Cavanaugh

Carol A. Daubner Nancy A. Edwards Larry R. Godla Jeffrey A. Grillo Kathryn S. Hoops Roger T. Jenkins Matthew S. Kang William H. Kinschner

David B. Lanning Barry A. Lazarus Larry C. Lester Spencer C. Moler Susan E. Morey James P. Pagoaga Michael J. Reed John I. Remenar

F. Joseph Schmitt Steven D. Spencer

Martin D. Allen

Thomas R. Kile David K. Nees

#F95000002543

President & Chief Executive Officer

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

& Assistant Secretary

Executive Vice President

Vice President, General Counsel & Secretary

Vice President, Director of Corporate Development & Assistant Secretary

Vice President

Vice President, General Manager, Central Division

Vice President, Development & Construction

Vice President, General Manager, Mid-Atlantic Div.

Vice President, Director of Tax & Assistant Treasurer

Vice President/General Manager

Vice President, Treasurer Vice President, Director of Management

Support Services

Vice President, Development

Vice President, Director of Reimbursement

Vice President, General Manager, Midwest Division Vice President, Controller & Assistant Secretary Vice President, General Manager, Eastern Division

Vice President, Rehabilitation Services

Vice President, General Manager, Assisted Living Div.

Vice President, Director of Financial Services

& Assistant Treasurer

Vice President, General Manager, West Division

Vice President, Director of Human Resources

& Assistant Secretary

Assistant Vice President, Director of

Internal Audit and Risk Management

Assistant Treasurer

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