


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 17, 2007 8:00 am
Secretary of State

05-17-2007 90037 011 ***150.00

DOCUMENT # F95000002543 1. Entity Name MILESTONE HEALTHCARE, INC.	
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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
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DO NOT WRITE IN THIS SPACE

04202007 No Chg-P CR2E034 (11/05)

4. FEI Number 75-2592398	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO ORMOND, PAUL A 333 N SUMMIT 1S TOLEDO, OH 43604
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CCEO ORMOND, PAUL A 333 N. SUMMIT ST TOLEDO, OH 43604
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VGM EDWARDS, NANCY A 333 N. SUMMIT ST. TOLEDO, OH 43604
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HOOPS, KATHRYN S 333 N SUMMIT STREET TOLEDO, OH 43699
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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: *Kathryn S Hoops* **V.P./Director of Tax** *4/26/07* **419-252-5896**

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

ATTACHMENT

40115590

#195000002543

MILESTONE HEALTHCARE, 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
Carol A. Daubner	Vice President
Nancy A. Edwards	Vice President, General Manager, Central Division
Larry R. Godla	Vice President, Development & Construction
Jeffrey A. Grillo	Vice President, General Manager, Mid-Atlantic Div.
Lynn M. Hood	Vice President, General Manager, Southeast Division
Kathryn S. Hoops	Vice President, Director of Tax & Assistant Treasurer
Roger T. Jenkins	Vice President/General Manager
Matthew S. Kang	Vice President, Treasurer
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
David B. Parker	Vice President, Asst. General Manager, Central Division
Richard A. Parr II	Vice President, General Counsel & Secretary
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
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