2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2009
Secretary of State

DOCUMENT# F95000002543

Entity Name: MILESTONE HEALTHCARE, INC.

Current Principal Place of Business:

2501 CEDAR SPRINGS RD.
STE 300 LB 15
DALLAS, TX 75201 US

New Principal Place of Business:

Current Mailing Address:

333 N. SUMMIT ST.
TAX 5
TOLEDO, OH 43604 US

New Mailing Address:

FEI Number: 75-2592398 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PCEO ( ) Delete
Name: ORMOND, PAUL A
Address: 333 N SUMMIT 1S
City-St-Zip: TOLEDO, OH 43604

Title: CCEO ( ) Delete
Name: ORMOND, PAUL A
Address: 333 N. SUMMIT ST
City-St-Zip: TOLEDO, OH 43604

Title: VGM ( ) Delete
Name: EDWARDS, NANCY A
Address: 333 N. SUMMIT ST.
City-St-Zip: TOLEDO, OH 43604

Title: VPD ( ) Delete
Name: HOOPS, KATHRYN S
Address: 333 N SUMMIT STREET
City-St-Zip: TOLEDO, OH 43699

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VPCO (X) Change ( ) Addition
Name: GUILLARD, STEPHEN L
Address: 333 N. SUMMIT ST
City-St-Zip: TOLEDO, OH 43604

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ST ( ) Change (X) Addition
Name: KANG, MATTHEW S
Address: 333 N SUMMIT ST
City-St-Zip: TOLEDO, OH 43604

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHRYN S HOOPS VPD 03/30/2009

Electronic Signature of Signing Officer or Director — Date