

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000002543

FILED
Apr 11, 2011
Secretary of State

Entity Name: MILESTONE HEALTHCARE, INC.

Current Principal Place of Business:

333 N. SUMMIT STREET
TOLEDO, OH 43604

New Principal Place of Business:

333 N. SUMMIT STREET
TOLEDO, OH 43604 US

Current Mailing Address:

333 N. SUMMIT STREET
TOLEDO, OH 43604

New Mailing Address:

333 N. SUMMIT STREET
TOLEDO, OH 43604 US

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

OFFICERS AND DIRECTORS:

Title: PCEO
Name: ORMOND, PAUL A PCEO
Address: 333 N. SUMMIT ST
City-St-Zip: TOLEDO, OH 43604 US

Title: VPS
Name: PARR II, RICHARD A VPS
Address: 333 N. SUMMIT ST
City-St-Zip: TOLEDO, OH 43604 US

Title: DVPT
Name: KANG, MATTHEW S DVPT
Address: 333 N. SUMMIT ST.
City-St-Zip: TOLEDO, OH 43604 US

Title: VP
Name: ALLEN, MARTIN D VP
Address: 333 N SUMMIT STREET
City-St-Zip: TOLEDO, OH 43699 US

Title: VP
Name: DAUBNER, CAROL A VP
Address: 333 N SUMMIT STREET
City-St-Zip: TOLEDO, OH 43604 US

Title: VP
Name: GODLA, LARRY R VP
Address: 333 N. SUMMIT STREET
City-St-Zip: TOLEDO, OH 43604 US

I hereby 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 all other like empowered.

SIGNATURE: LAURA LOUIS

POA

04/11/2011

Electronic Signature of Signing Officer or Director

Date