

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F95000003705 (9)**

1. Corporation Name

HEARTLAND REHABILITATION SERVICES, INC.

Principal Place of Business

**ONE SEAGATE
ATTN: TAX 21
TOLEDO OH 43604-2616
US**

Mailing Address

**ONE SEAGATE
ATTN: TAX 21
TOLEDO OH 43604-2616
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/31/1995

4. FEI Number

34-1280619

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21
Suite, Apt. #, etc.

22
City & State

23
Zip Country

24 **25**

2a. Mailing Address

26
Suite, Apt. #, etc.

27
City & State

28
Zip Country

29 **30**

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CCEO	<input type="checkbox"/> DELETE
NAME	ORMOND, PAUL A	
STREET ADDRESS	ONE SEAGATE	
CITY-ST-ZIP	TOLEDO OH 43604-2616	

TITLE	VCOO	<input type="checkbox"/> DELETE
NAME	WEIKEL, M. KEITH	
STREET ADDRESS	ONE SEAGATE	
CITY-ST-ZIP	TOLEDO OH 43604-2616	

TITLE	VCOO	<input type="checkbox"/> DELETE
NAME	MEYERS, GEOFFREY G	
STREET ADDRESS	ONE SEAGATE	
CITY-ST-ZIP	TOLEDO OH 43604-2616	

TITLE	AS	<input type="checkbox"/> DELETE
NAME	MEYERS, GEOFFREY G	
STREET ADDRESS	ONE SEAGATE	
CITY-ST-ZIP	TOLEDO OH 43604-2616	

TITLE	AVPM	<input checked="" type="checkbox"/> DELETE
NAME	FICKS, JACK W	
STREET ADDRESS	ONE SEA	
CITY-ST-ZIP	TOLEDO OH 16	

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	WHEELER, RICHARD C	
STREET ADDRESS	ONE SEAGATE	
CITY-ST-ZIP	TOLEDO OH 43604-2616	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE

David L. Gehrich

David L. Gehrich

APR 17 1998

(410) 251-5714

CR2E034 (10/97)

HEARTLAND REHABILITATION SERVICES, INC.

OFFICERS

Paul A. Ormond	Chairman, President & Chief Executive Officer
M. Keith Weikel	Senior Executive Vice President & Chief Operating Officer
Geoffrey G. Meyers	Executive Vice President, Chief Financial Officer & Assistant Secretary
R. Jeffrey Bixler	Vice President, General Counsel & Secretary
William H. Kinschner	Vice President, Director of Management Support Services
Barry A. Lazarus	Vice President, Director of Reimbursement
Spencer C. Moler	Vice President, Controller, Treasurer & Assistant Secretary
Wade O'Brian	Vice President, Director of Human Resources and Labor Relations & Assistant Secretary
John K. Graham	Assistant Vice President, General Manager of Vision Management Services and Ancillary Businesses
John I. Remenar	Assistant Vice President, Director of Financial Services & Assistant Treasurer
David L. Gehrich	Assistant Secretary & Assistant Treasurer
Douglas G. Haag	Assistant Treasurer

DIRECTORS

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

ADDRESS FOR ALL IS:

One SeaGate
Toledo, Ohio 43604-2616
Phone: (419) 252-5600