

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000003705

FILED
Mar 23, 2007
Secretary of State

Entity Name: HEARTLAND REHABILITATION SERVICES, INC.

Current Principal Place of Business:

333 N SUMMIT ST
ATTN: TAX-5
TOLEDO, OH 43604 US

New Principal Place of Business:

Current Mailing Address:

333 N SUMMIT ST
ATTN: TAX-5
TOLEDO, OH 43604 US

New Mailing Address:

FEI Number: 34-1280619 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 ST
City-St-Zip: TOLEDO, OH 43604

Title: VCOO () Delete
Name: WEIKEL, M. KEITH
Address: 333 N SUMMIT ST
City-St-Zip: TOLEDO, OH 43604

Title: VCFS () Delete
Name: MEYERS, GEOFFREY G
Address: 333 N SUMMIT ST
City-St-Zip: TOLEDO, OH 43604

Title: AS () Delete
Name: MEYERS, GEOFFREY G
Address: ONE SEAGATE
City-St-Zip: TOLEDO, OH 436042616

Title: VPD (X) Delete
Name: HOOPS, KATHRYN S
Address: 333 N. SUMMIT ST
City-St-Zip: TOLEDO, OH 43604

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ORMOND, PAUL A
Address: 333 N SUMMIT ST
City-St-Zip: TOLEDO, OH 43604 US

Title: S (X) Change () Addition
Name: PARR II, RICHARD A
Address: 333 N SUMMIT ST
City-St-Zip: TOLEDO, OH 43604 US

Title: V (X) Change () Addition
Name: HOOPS, KATHRYN S
Address: 333 N. SUMMIT ST
City-St-Zip: TOLEDO, OH 43604 US

Title: D (X) Change () Addition
Name: ORMOND, PAUL A
Address: 333 N SUMMIT ST
City-St-Zip: TOLEDO, OH 43604 US

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

I hereby certify that the information supplied with this filing does not qualify for the 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

V

03/23/2007

Electronic Signature of Signing Officer or Director

_____ Date