

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

FILED

May 15 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F96000005640 (5)

1. Corporation Name

HEARTLAND HOME CARE, INC.

Principal Place of Business

1 SEAGATE  
TOLEDO OH 43604-2616

Mailing Address

1 SEAGATE  
TOLEDO OH 43604-1558



3. Date Incorporated or Qualified

10/29/1996

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

34-1787895

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 has liability for intangible tax under s. 199.032,  
Florida Statutes

☒

Yes

☐

No

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DC	<input type="checkbox"/> DELETE
NAME	ORMOND, PAUL A	
STREET ADDRESS	1 SEAGATE	
CITY - ST - ZIP	TOLEDO OH 43604-2616	
TITLE	CEO	<input type="checkbox"/> DELETE
NAME	ORMOND, PAUL A	
STREET ADDRESS	1 SEAGATE	
CITY - ST - ZIP	TOLEDO OH 43604-2616	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	WEIKEL, GEOFFREY G	
STREET ADDRESS	1 SEAGATE	
CITY - ST - ZIP	TOLEDO OH 43604-2616	
TITLE	COO	<input type="checkbox"/> DELETE
NAME	WEIKEL, GEOFFREY G	
STREET ADDRESS	1 SEAGATE	
CITY - ST - ZIP	TOLEDO OH 43604-2616	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	TUTTLE, RICHARD C	
STREET ADDRESS	1 SEAGATE	
CITY - ST - ZIP	TOLEDO OH 43604-2616	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	BIXLER, R JEFFREY	
STREET ADDRESS	1 SEAGATE	
CITY - ST - ZIP	TOLEDO OH 43604-2616	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

SEE ATTACHED

14. I do 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: *[Signature]* REQUIRED David L Gehring APR 21 1997 (419) 252-5764

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)

**HEARTLAND HOME CARE, INC.**

**OFFICERS**

Paul A. Ormond	Chairman & Chief Executive Officer
Rodney A. Hildebrant	President
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 B. O'Brian	Vice President, Director of Human Resources and Labor Relations & Assistant Secretary
John I. Remenar	Assistant Vice President, Director of Financial Services & Assistant Treasurer
David L. Gehrich	Assistant Secretary & Assistant Treasurer
Douglas G. Haag	Assistant Treasurer
Bruce Schroeder	Assistant Secretary

**DIRECTORS**

Paul A. Ormond  
M. Keith Weikel  
Geoffrey G. Meyers  
Richard C. Tuttle

**ADDRESS FOR ALL BUT RODNEY HILDEBRANT:**

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

**ADDRESS FOR R. HILDEBRANT:**

401 Center Avenue  
Bay City, MI 48707  
Phone: (517) 893-1434