

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96000005640

1. Corporation Name
HEARTLAND HOME CARE, INC.

Principal Place of Business
1 SEAGATE
TOLEDO OH 43604-2616

Mailing Address
1 SEAGATE
TOLEDO OH 43604-2616

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90137 009 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/29/1996

4. FEI Number
34-1787895

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
DC
ORMOND, PAUL A
STREET ADDRESS
1 SEAGATE
CITY-ST-ZIP
TOLEDO OH 43604-2616

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
CEO
ORMOND, PAUL A
STREET ADDRESS
1 SEAGATE
CITY-ST-ZIP
TOLEDO OH 43604-2616

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
DV
WEIKEL, GEOFFREY G
STREET ADDRESS
1 SEAGATE
CITY-ST-ZIP
TOLEDO OH 43604-2616

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
COO
WEIKEL, GEOFFREY G
STREET ADDRESS
1 SEAGATE
CITY-ST-ZIP
TOLEDO OH 43604-2616

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
DV
TUTTLE, RICHARD C
STREET ADDRESS
1 SEAGATE
CITY-ST-ZIP
TOLEDO OH 43604-2616

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
VS
BIXLER, R JEFFREY
STREET ADDRESS
1 SEAGATE
CITY-ST-ZIP
TOLEDO OH 43604-2616

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED

3-10-99

(419) 252-5764

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

F96 000005640
461198-90137-9

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, & Assistant Secretary
Wade B. O'Brian	Vice President, Director of Human Resources and Labor Relations & Assistant Secretary
John I. Remenar	Vice President, Director of Financial Services & Assistant Treasurer
Douglas G. Haag	Treasurer
David L. Gehrich	Assistant Secretary & Assistant Treasurer
Bruce Schroeder	Assistant Secretary
Thomas R. Kile	Assistant Treasurer

DIRECTORS

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

ADDRESS FOR ALL IS:

333 N. Summit St.
Toledo, Ohio 43699-0086
Phone: (419) 252-5500