

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 19, 2006 8:00 am
Secretary of State

05-19-2006 90027 028 ***150.00

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1. Entity Name

HEARTLAND HOME CARE, INC.



Principal Place of Business

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

Mailing Address

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

DO NOT WRITE IN THIS SPACE



03282006 No Chg-P CR2E034 (11/05)

4. FEI Number

34-1787895

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PCEO
ORMOND, PAUL A
333 N SUMMIT ST
TOLEDO, OH 43604

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VCOO
WEIKEL, M. KEITH
333 N SUMMIT ST
TOLEDO, OH 43604

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VDOT
HOOPS, KATHRYN S.
333 N SUMMIT ST
TOLEDO, OH 43604

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSD
BIXLER, R JEFFREY
333 N SUMMIT ST
TOLEDO, OH 43604

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(419) 253-5764

ATTACHMENT

40093323

HEARTLAND HOME CARE, INC.

OFFICERS

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

Stephen L. Guillard
R. Jeffrey Bixler
Steven M. Cavanaugh

Nancy A. Edwards
Larry R. Godla
John K. Graham

Jeffrey A. Grillo
Kathryn S. Hoops
Carla Davis Hughes
Matthew S. Kang
William H. Kinschner

David B. Lanning
Barry A. Lazarus
Larry C. Lester
Spencer C. Moler
Susan E. Morey
James P. Pagoaga
Michael J. Reed
John I. Remenar

F. Joseph Schmitt
Steven D. Spencer

Martin D. Allen

Karen Bell

Bruce Schroeder

Thomas R. Kile
David K. Nees

#F96000005640
President & Chief Executive Officer
Sr. Exec. Vice President & Chief Operating Officer
Executive Vice President, Chief Financial Officer
& Assistant Secretary
Executive Vice President
Vice President, General Counsel & Secretary
Vice President, Director of Corporate
Development & Assistant Secretary
Vice President, General Manager, Central Division
Vice President, Development & Construction
Group Vice President, Heartland Home Health Care and
Hospice and Ancillary Services
Vice President, General Manager, Mid-Atlantic Div.
Vice President, Director of Tax & Assistant Treasurer
Vice President, Marketing, Market Development and Sales
Vice President, Treasurer
Vice President, Director of Management
Support Services
Vice President, Development
Vice President, Director of Reimbursement
Vice President, General Manager, Midwest Division
Vice President, Controller & Assistant Secretary
Vice President, General Manager, Eastern Division
Vice President, Rehabilitation Services
Vice President, General Manager, Assisted Living Div.
Vice President, Director of Financial Services
& Assistant Treasurer
Vice President, General Manager, West Division
Vice President, Director of Human Resources
& Assistant Secretary
Assistant Vice President, Director of
Internal Audit and Risk Management
Assistant Vice President, Professional Services
for Home Health Care and Hospice
Assistant Vice President, Director of
Ancillary Services
Assistant Treasurer
Associate General Counsel & Assistant Secretary

DIRECTORS

Matthew S. Kang

ADDRESS FOR ALL ABOVE IS:

333 N. Summit St.
Toledo, Ohio 43604
Phone: (419) 252-5500