

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

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

04-23-1999 90137 001 \*\*\*150.00

**DOCUMENT # H50185**

1. Corporation Name

**HEARTLAND REHABILITATION SERVICES OF NORTH FLORIDA, INC.**

Principal Place of Business

**1414 KINGSLEY AVENUE, SUITE B  
ORANGE PARK FL 32073**

Mailing Address

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**03/27/1985**

4. FEI Number

**59-2504386**

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT, CORPORATION S  
1200 S. 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 CPCE ☐ DELETE  
NAME ORMOND, PAUL A  
STREET ADDRESS ONE SEAGATE  
CITY-ST-ZIP TOLEDO OH

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE SEVP ☐ DELETE  
NAME WEIKEL, GEOFFREY G  
STREET ADDRESS ONE SEAGATE  
CITY-ST-ZIP TOLEDO OH

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE VP ☐ DELETE  
NAME BIXLER, JEFFREY R  
STREET ADDRESS ONE SEAGATE  
CITY-ST-ZIP TOLEDO OH

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE VPD ☐ DELETE  
NAME KINSCHNER, WILLIAM H  
STREET ADDRESS ONE SEAGATE  
CITY-ST-ZIP TOLEDO OH

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE VPD ☐ DELETE  
NAME LAZARUS, BARRY A  
STREET ADDRESS ONE SEAGATE  
CITY-ST-ZIP TOLEDO OH

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: **X** **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-99 (419) 252-5764  
Date Daytime Phone #

CR2E034 (1/98)

#50185

401190-90137-1

**HEARTLAND REHABILITATION SERVICES OF NORTH FLORIDA, 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, & Assistant Secretary
Wade B. O'Brian	Vice President, Director of Human Resources and Labor Relations & Assistant Secretary
John K. Graham	Vice President, Director of Rehabilitation Services
John I. Remenar	Vice President, Director of Financial Services & Assistant Treasurer
Douglas G. Haag	Treasurer
David L. Gehrich	Assistant Secretary & Assistant Treasurer
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