

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90646 008 ***150.00

DOCUMENT # H50185

1. Entity Name
**HEARTLAND REHABILITATION SERVICES OF FLORIDA,
INC.**



Principal Place of Business
**1414 KINGSLEY AVENUE, SUITE B
ORANGE PARK, FL 32073**

Mailing Address
**333 SUMMIT ST
ATTN: TAX-5
TOLEDO, OH 43604 US**

14002243



01072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2504386

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CT, CORPORATION S
1200 S. 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, 2004 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 SUMMIT ST TOLEDO, OH 43604 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VCFO MEYERS, GEOFFREY G 333 SUMMIT ST TOLEDO, OH 43604 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VSD BIKLER, JEFFREY R 333 SUMMIT ST TOLEDO, OH 43604 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VPDM KINSCHNER, WILLIAM H 333 SUMMIT ST TOLEDO, OH 43604 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VPDR LAZARUS, BARRY A 333 SUMMIT ST TOLEDO, OH 43604 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VCOO M. KEITH, WEIKEL 333 SUMMIT ST TOLEDO, OH 43604 |

**DO NOT WRITE
IN THIS SPACE**

12. 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 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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-01-04 (419)252-5764
Date Daytime Phone #

Attachment

HEARTLAND REHABILITATION SERVICES OF FLORIDA, INC. 14002243

#450185

OFFICERS

| | |
|----------------------|--|
| Paul A. Ormond | President & Chief Executive Officer |
| M. Keith Weikel | Sr. Exec. Vice President & Chief Operating Officer |
| Geoffrey G. Meyers | Executive Vice President, Chief Financial Officer & Assistant Secretary |
| R. Jeffrey Bixler | Vice President, General Counsel & Secretary |
| Steven M. Cavanaugh | Vice President, Director of Corporate Development & Assistant Secretary |
| William J. Chenevert | Vice President, General Manager, West Division and Director of Operations Support |
| Nancy A. Edwards | Vice President, General Manager, Central Division |
| Larry R. Godla | Vice President, Development & Construction |
| John K. Graham | Vice President, General Manager, Eastern Division |
| Jeffrey A. Grillo | Vice President, General Manager, Mid-Atlantic Div. |
| Douglas G. Haag | Vice President, Treasurer |
| Kathryn S. Hoops | Vice President, Director of Tax & Assistant Treasurer |
| William H. Kinschner | Vice President, Director of Management Support Services |
| David B. Lanning | Vice President, Development |
| Barry A. Lazarus | Vice President, Director of Reimbursement |
| Larry C. Lester | Vice President of Marketing, General Manager, Midwest Division |
| Spencer C. Moler | Vice President, Controller & Assistant Secretary |
| Wade B. O'Brian | Vice President, Director of Human Resources and Labor Relations & Assistant Secretary |
| James P. Pagoaga | Vice President, Rehabilitation Services |
| Richard W. Parades | Vice President, General Manager, Mid-States Div. |
| John I. Remenar | Vice President, Director of Financial Services & Assistant Treasurer |
| F. Joseph Schmitt | Vice President, General Manager, Southern Div. |
| Jo Ann Young | Vice President, General Manager of Assisted Living |
| Martin D. Allen | Assistant Vice President, Director of Internal Audit and Risk Management |
| David L. Gehrich | Assistant Secretary & Assistant Treasurer |
| Thomas R. Kile | Assistant Treasurer |
| David K. Nees | Associate General Counsel & Assistant Secretary |

DIRECTORS

R. Jeffrey Bixler

ADDRESS FOR ALL ABOVE IS:

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