### 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

#### **DOCUMENT # H50185**

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

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

05-19-2006 90027 018 \*\*\*150.00

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No Chg-P

CR2E034 (11/05)

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

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

# DO NOT WRITE IN THIS SPACE

				***	THE STACE
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				e required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00  9. Election Campaign Fina 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		DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPDM KINSCHNER, WILLIAM H 333 SUMMIT ST TOLEDO, OH 43604		IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPDR LAZARUS, BARRY A 333 SUMMIT ST TOLEDO, OH 43604				!
TITLE NAME STREET AODRESS CITY-ST-ZIP	VCOO M. KEITH, WEIKEL 333 SUMMIT ST TOLEDO, OH 43604				

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

RE AND TYPED OR PRINTED NAME

BIGNING OFFICER OR DIRECTOR

00ps 4/24/06 (419) 252-5764

## ATTACHMENT 40093333

#### HEARTLAND REHABILITATION SERVICES OF FLORIDA, INC.

#### OFFICERS

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

< . a.

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

Nancy A. Edwards Larry R. Godla Jeffrey A. Grillo Kathryn S. Hoops 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

Thomas R. Kile David K. Nees

#### DIRECTORS

Matthew S. Kang

### # H50185

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

Vice President, General Manager, Mid-Atlantic Div. Vice President, Director of Tax & Assistant Treasurer

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 Treasurer

Associate General Counsel & Assistant Secretary

#### ADDRESS FOR ALL ABOVE IS:

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