

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 02, 2006 08:00 AM
Secretary of State

DOCUMENT # M05000000294

1. Entity Name
HEARTLAND EMPLOYMENT SERVICES, LLC



Principal Place of Business
333 NORTH SUMMIT STREET
TOLEDO, OH 43604

Mailing Address
333 NORTH SUMMIT STREET
TOLEDO, OH 43604



03282006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
34-1903270

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** 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

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME HEALTH CARE AND RETIREMENT CORPORATION OF A
STREET ADDRESS 333 NORTH SUMMIT STREET
CITY- ST- ZIP TOLEDO, OH 43604

TITLE MGR
NAME MANOR CARE OF COLUMBIA, INC.
STREET ADDRESS 333 NORTH SUMMIT STREET
CITY- ST- ZIP TOLEDO, OH 43604

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05/17/06-80132-024 50.00

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IN THIS SPACE**

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE Kathryn S. Hoops 4/24/06 (419) 252-5764
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #