


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2007 08:00 AM
Secretary of State

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| DOCUMENT # M05000000294 1. Entity Name HEARTLAND EMPLOYMENT SERVICES, LLC |  |
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| Principal Place of Business 333 NORTH SUMMIT STREET TOLEDO, OH 43604 | Mailing Address 333 NORTH SUMMIT STREET TOLEDO, OH 43604 |
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04202007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

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| 4. FEI Number 34-1903270 | Applied For Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$50.00
Due by May 1, 2007**

| 9. MANAGING MEMBERS/MANAGERS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR HEALTH CARE AND RETIREMENT CORPORATION OFA 333 NORTH SUMMIT STREET TOLEDO, OH 43604 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR MANOR CARE OF COLUMBIA, INC. 333 NORTH SUMMIT STREET TOLEDO, OH 43604 |
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| <p>U000000751939 05/18/07-80123-009 50.00</p> <p>DO NOT WRITE IN THIS SPACE</p> |
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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 4/26/07 419-252-5896
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #