

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000007197

FILED
Apr 11, 2011
Secretary of State

Entity Name: HEARTLAND THERAPY PROVIDER NETWORK, LLC

Current Principal Place of Business:

333 N. SUMMIT STREET
TOLEDO, OH 43604

New Principal Place of Business:

333 N. SUMMIT STREET
TOLEDO, OH 43604 US

Current Mailing Address:

333 N. SUMMIT STREET
TOLEDO, OH 43604

New Mailing Address:

333 N. SUMMIT STREET
TOLEDO, OH 43604 US

FEI Number: 37-1027432

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: HCR HEALTHCARE, LLC
Address: 333 N SUMMIT STREET
City-St-Zip: TOLEDO, OH 43604

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: LAURA LOUIS

POA

04/11/2011

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date