

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 08, 2002 8:00 am**  
**Secretary of State**

05-08-2002 90075 048 \*\*\*\*\*50.00

**DOCUMENT # M99000001535**

1. Entity Name

**ANCILLARY SERVICES, LLC**

Principal Place of Business

**333 N. SUMMIT STREET  
TAX DEPARTMENT  
TOLEDO OH 43604**

Mailing Address

**333 N. SUMMIT STREET  
TAX DEPARTMENT  
TOLEDO OH 43604**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**52-2166500**

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**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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.

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 \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

|  |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGRM<br/>HEARTLAND REHABILITATION SERVICES, INC.<br/>333 N. SUMMIT STREET<br/>TOLEDO OH 43604</b> <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>CPD<br/>ORMOND, PAUL A<br/>333 N. SUMMIT STREET<br/>TOLEDO OH 43604</b> <input type="checkbox"/> Delete                           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VD<br/>WEIKEL, M. KEITH<br/>333 N. SUMMIT STREET<br/>TOLEDO OH 43604</b> <input type="checkbox"/> Delete                          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VSD<br/>MEYERS, GEOFFREY G<br/>333 N. SUMMIT STREET<br/>TOLEDO OH 43604</b> <input type="checkbox"/> Delete                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VS<br/>BIXLER, R. JEFFREY<br/>333 N. SUMMIT STREET<br/>TOLEDO OH 43604</b> <input type="checkbox"/> Delete                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VAS<br/>CAVANAUGH, STEVEN M<br/>333 N. SUMMIT STREET<br/>TOLEDO OH 43604</b> <input type="checkbox"/> Delete                      |

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

11. 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 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: X** *[Signature]* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone

*04-22-02* *(419) 252-5764*

CR2E083 (9/01)

HEARTLAND REHABILITATION SERVICES, INC.

Attachment  
95245J

#199000001535

OFFICERS

|                      |  |
|----------------------|--|
| Paul A. Ormond       | Chairman, President & Chief Executive Officer  |
| M. Keith Weikel      | Sr. Exec. Vice President & Chief Operating Officer                                       |
| Geoffrey G. Meyers   | Executive Vice President, Chief Financial Officer<br>& Assistant Secretary               |
| R. Jeffrey Bixler    | Vice President, General Counsel & Secretary  |
| Steven M. Cavanaugh  | Vice President, Director of Corporate<br>Development & Assistant Secretary               |
| Nancy A. Edwards     | Vice President, General Manager, Central Division  |
| Larry R. Godla       | Vice President, Development & Construction   |
| John K. Graham       | Vice President, Director of Rehabilitation Services                                      |
| Jeffrey A. Grillo    | Vice President, General Manager, Mid-Atlantic Div.                                       |
| Douglas G. Haag      | Vice President, Treasurer  |
| William H. Kinschner | Vice President, Director of Management<br>Support Services                               |
| David B. Lanning     | Vice President, Development  |
| Barry A. Lazarus     | Vice President, Director of Reimbursement  |
| Larry C. Lester      | Vice President, General Manager, Midwest Division  |
| Spencer C. Moler     | Vice President, Controller & Assistant Secretary   |
| O. William Morrison  | Vice President, General Manager, Eastern Div.  |
| Wade B. O'Brian      | Vice President, Director of Human Resources<br>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<br>& 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<br>Reimbursement Services                          |
| George Stanley       | Assistant Vice President, Director of<br>Ancillary Services                              |
| David L. Gehrich     | Assistant Secretary & Assistant Treasurer  |
| Thomas R. Kile       | Assistant Treasurer  |
| David K. Nees        | Associate General Counsel & Assistant Secretary  |

DIRECTORS

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

ADDRESS FOR ALL ABOVE IS:

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