

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 13, 2004 8:00 am
Secretary of State

04-13-2004 90330 020 ****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**



01072004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

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**

**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, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
HEARTLAND REHABILITATION SERVICES, INC.
333 N. SUMMIT STREET
TOLEDO, OH 43604**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**CPD
ORMOND, PAUL A
333 N. SUMMIT STREET
TOLEDO, OH 43604**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VD
WEIKEL, M. KEITH
333 N. SUMMIT STREET
TOLEDO, OH 43604**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VSD
MEYERS, GEOFFREY G
333 N. SUMMIT STREET
TOLEDO, OH 43604**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VS
BIXLER, R. JEFFREY
333 N. SUMMIT STREET
TOLEDO, OH 43604**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VAS
CAVANAUGH, STEVEN M
333 N. SUMMIT STREET
TOLEDO, OH 43604**

**DO NOT WRITE
IN THIS SPACE**

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: XOL Schreick
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

04-01-04 (419) 252-5764
Date Daytime Phone #

Attachment
24040431
HEARTLAND REHABILITATION SERVICES, INC. *# 119920001535*

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 & Assistant Secretary
R. Jeffrey Bixler	Vice President, General Counsel & Secretary
Steven M. Cavanaugh	Vice President, Director of Corporate Development & Assistant Secretary
William J. Chenevert	Vice President, General Manager, West Division and Director of Operations Support
Nancy A. Edwards	Vice President, General Manager, Central Division
Larry R. Godla	Vice President, Development & Construction
John K. Graham	Vice President, General Manager, Eastern Division
Jeffrey A. Grillo	Vice President, General Manager, Mid-Atlantic Div.
Douglas G. Haag	Vice President, Treasurer
Kathryn S. Hoops	Vice President, Director of Tax & Assistant Treasurer
William H. Kinschner	Vice President, Director of Management Support Services
David B. Lanning	Vice President, Development
Barry A. Lazarus	Vice President, Director of Reimbursement
Larry C. Lester	Vice President of Marketing, General Manager, Midwest Division
Spencer C. Moler	Vice President, Controller & Assistant Secretary
Wade B. O'Brian	Vice President, Director of Human Resources 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 & 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 Internal Audit and Risk Management
George Stanley	Assistant Vice President, Director of 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