2007 LIMITED LIABILITY COMPANY

SIGNATURE:

E OF GIGNING MAN

May 02, 2007 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # M99000001535** 05-02-2007 90350 006 ****50.00 1. Entity Name ANCILLARY SERVICES, LLC Principal Place of Business Mailing Address 40098245 333 N. SUMMIT STREET 333 N. SUMMIT STREET TAX DEPARTMENT TAX DEPARTMENT TOLEDO, OH 43604 TOLEDO, OH 43604 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04202007 Chg-LLC CR2E083 (12/06) City & State Applied For City & State 4. FEI Number 52-2166500 Not Applicable Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 City Zip Code FI 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) Filing Fee is \$50.00 Make check payable to Due by May 1, 2007 Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE TITLE □ Delete ☐ Change ☐ Addition HEARTLAND REHABILITATION SERVICES, INC. NAME NAME STREET ADDRESS 333 N. SUMMIT STREET STREET ADDRESS CITY-ST-ZIP **TOLEDO, OH 43604** CITY-ST-ZIP CPD TITLE ☐ Delete TITLE ☐ Change □ Addition ORMOND, PAUL A NAME NAME STREET ADDRESS 333 N. SUMMIT STREET STREET ADDRESS CITY-ST-ZIP **TOLEDO, OH 43604** CITY-ST-ZIP ٧n Qelete Addition TITLE TITLE VPIDT ☐ Change Keenryn S. Hoops WEIKEL, M. KEITH NAME NAME STREET ADDRESS 333 N. SUMMIT STREET STREET ADDRESS 333N. Summit St. CITY-ST-ZIP **TOLEDO, OH 43604** CITY-ST-ZIP EVP EVP VSD Delete TITLE TITLE € Change Addition NAME MEYERS, GEOFFREY G NAME Stephen L. Guillard STREET ADDRESS 333 N. SUMMIT STREET STREET ADDRESS 373N. Summite St. CITY-ST-ZIP TOLEDO, OH 43604 CITY-ST-7IP Toledo OH43604 TITLE vs 🔽 Delete TITLE Change Addition NAME BIXLER, R. JEFFREY NAME Richard A.T STREET ADDRESS 333 N. SUMMIT STREET STREET ADDRESS 333 N. Summit St. CITY-ST-7IP TOLEDO, OH 43604 CITY-ST-ZIP VAS TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME CAVANAUGH, STEVEN M NAME STREET ADDRESS 333 N. SUMMIT STREET STREET ADDRESS CITY-ST-ZIP **TOLEDO, OH 43604** CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling 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.

MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

ATTACHMENT 40098245 #W9900001535

HEARTLAND REHABILITATION SERVICES, INC.

OFFICERS

Paul A. Ormond
Stephen L. Guillard
Steven M. Cavanaugh

Larry R. Godla
Kathryn S. Hoops
Matthew S. Kang
David B. Lanning
Barry A. Lazarus
Spencer C. Moler
James P. Pagoaga
Richard A. Parr II
John I. Remenar

F. Joseph Schmitt Steven D. Spencer

Martin D. Allen

Janet Howels

George Thompson

Thomas R. Kile David K. Nees

Chairman, President & Chief Executive Officer Executive Vice President, Chief Operating Officer Vice President, Chief Financial Officer

& Assistant Secretary

Vice President, Development & Construction

Vice President, Director of Tax & Assistant Treasurer

Vice President, Treasurer

Vice President, Development

Vice President, Director of Reimbursement

Vice President, Controller & Assistant Secretary

Vice President, Rehabilitation Services

Vice President, General Counsel & Secretary

Vice President, Director of Financial Services

& Assistant Treasurer

Vice President, General Manager, West Division

Vice President, Director of Human Resources

& Assistant Secretary

Assistant Vice President, Director of Internal Audit and Risk Management

Assistant Vice President, Director of

Rehabilitation Systems & Support

Assistant Vice President, Director of

Outpatient Rehabilitation Services

Assistant Treasurer

Associate General Counsel & Assistant Secretary

DIRECTORS

Paul A. Ormond Stephen L. Guillard Steven M. Cavanaugh

ADDRESS FOR ALL ABOVE IS:

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