

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr. 09, 2004 08:00 AM
Secretary of State

DOCUMENT # N01000005066

1. Entity Name
HEARTLAND HOSPICE SERVICES OF FLORIDA, INC.



Principal Place of Business
333 NORTH SUMMIT STREET
16TH FLOOR
TOLEDO, OH 43604

Mailing Address
333 NORTH SUMMIT STREET
16TH FLOOR
TOLEDO, OH 43604



01072004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT 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 \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000108355
04/09/04-80053-021 61.25

10. OFFICERS AND DIRECTORS

TITLE D
NAME WEIKEL, KEITH
STREET ADDRESS 333 NORTH SUMMIT STREET 16TH FLOOR
CITY-ST-ZIP TOLEDO, OH 43604

TITLE D
NAME HILDEBRANT, RODNEY
STREET ADDRESS 333 NORTH SUMMIT STREET 16TH FLOOR
CITY-ST-ZIP TOLEDO, OH 43604

TITLE D
NAME CHENEVERT, WILLIAM
STREET ADDRESS 333 NORTH SUMMIT STREET 16TH FLOOR
CITY-ST-ZIP TOLEDO, OH 43604

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-01-04

Date

(419) 252-5764

Daytime Phone #