

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90464 007 \*\*\*\*61.25

<b>DOCUMENT # N01000005066</b>					
<b>1. Entity Name</b> HEARTLAND SERVICES OF FLORIDA, INC.					
<b>Principal Place of Business</b> 333 NORTH SUMMIT STREET 16TH FLOOR TOLEDO, OH 43604			<b>Mailing Address</b> 333 NORTH SUMMIT STREET 16TH FLOOR TOLEDO, OH 43604		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b>		<b>City &amp; State</b>		<b>4. FEI Number</b> NOT APPLICABLE	
<b>Zip</b>		<b>Country</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>			
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		Name Street Address (P.O. Box Number is Not Acceptable) City			
		State <b>FL</b> Zip Code			
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> WEIKEL, KEITH 333 NORTH SUMMIT STREET 16TH FLOOR TOLEDO, OH 43604	<input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>E.V.P./COO</b> M. Keith Weikel 333 N. Summit St. Toledo, OH 43604
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> HILDEBRANT, RODNEY 333 NORTH SUMMIT STREET 16TH FLOOR TOLEDO, OH 43604	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>V.P./Director of Tax</b> Kathryn S. Hoops 333 N. Summit St. Toledo, OH 43604
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> CHENEVERT, WILLIAM 333 NORTH SUMMIT STREET 16TH FLOOR TOLEDO, OH 43604	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>P/CEO</b> Paul A. Ormond 333 N. Summit St. Toledo, OH 43604
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
<b>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 empowerments.</b>					
<b>SIGNATURE:</b> _____			<b>04-25-05</b> (419) 252-5794		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

# ATTACHMENT

40072613

HEARTLAND SERVICES CORP.

# N01000005066

## OFFICERS

Paul A. Ormond	President & Chief Executive Officer
M. Keith Weikel	Sr. Exec. Vice President & Chief Operating Officer
Geoffrey G. Meyers	Executive Vice President, Chief Financial Officer, Treasurer & Assistant Secretary
R. Jeffrey Bixler	Vice President, General Counsel & Secretary
Steven M. Cavanaugh	Vice President, Director of Corporate Development & Assistant Secretary
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.
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
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.
Steven D. Spencer	Vice President, Director of Human Resources & Assistant Secretary
Jo Ann Young	Vice President, General Manager of Assisted Living
Martin D. Allen	Assistant Vice President, Director of Internal Audit and Risk Management
Matthew S. Kang	Assistant Treasurer
Thomas R. Kile	Assistant Treasurer
David K. Nees	Associate General Counsel & Assistant Secretary

## DIRECTORS

R. Jeffrey Bixler

## ADDRESS FOR ALL ABOVE IS:

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