


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90169 004 ****61.25

| | | | | | |
|--|--|---|---|---|--|
| DOCUMENT # N01000005066 1. Entity Name HEARTLAND 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 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 | | | | 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. 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, 2008 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE | EVP | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | GUILLARD, STEPHEN L. <input type="checkbox"/> Delete | | NAME | | |
| STREET ADDRESS | 333 N. SUMMIT STREET | | STREET ADDRESS | | |
| CITY-ST-ZIP | TOLEDO, OH 43604 | | CITY-ST-ZIP | | |
| TITLE | VDOT <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | HOOPS, KATHRYN S. | | NAME | | |
| STREET ADDRESS | 333 N. SUMMIT STREET | | STREET ADDRESS | | |
| CITY-ST-ZIP | TOLEDO, OH 43604 | | CITY-ST-ZIP | | |
| TITLE | PCEO <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | ORMOND, PAUL A. | | NAME | | |
| STREET ADDRESS | 333 N. SUMMIT STREET | | STREET ADDRESS | | |
| CITY-ST-ZIP | TOLEDO, OH 43604 | | CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Kathryn S. Hoops</i> <i>Kathryn S. Hoops</i> <i>4/25/08</i> <i>749-253-5794</i> | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # | | | | | |

60032723



01172008 Chg-NP CR2E037 (12/06)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

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

ATTACHMENT

~~#~~ ⁶⁰⁰³²⁷²³ ~~NO1000005066~~
Heartland Services of Florida, Inc.
(Florida, non-profit)

OFFICERS

| | |
|---------------------|--|
| Paul A. Ormond | President & Chief Executive Officer |
| Stephen L. Guillard | Executive Vice President, Chief Operating Officer |
| Steven M. Cavanaugh | Vice President, Chief Financial Officer & Assistant Secretary |
| Larry R. Godla | Vice President, Development & Construction |
| John K. Graham | Group Vice President, Heartland Home Health Care and Hospice and Ancillary Services |
| Kathryn S. Hoops | Vice President, Director of Tax & Assistant Treasurer |
| Carla Davis Hughes | Vice President, Marketing, Market Development and Sales |
| Matthew S. Kang | Vice President, Treasurer |
| David B. Lanning | Vice President, Development |
| Barry A. Lazarus | Vice President, Director of Reimbursement |
| Spencer C. Moler | Vice President, Controller & Assistant Secretary |
| James P. Pagoaga | Vice President, Rehabilitation Services |
| Richard A. Parr II | Vice President, General Counsel & Secretary |
| John I. Remenar | Vice President, Director of Financial Services & Assistant Treasurer |
| Steven D. Spencer | Vice President, Director of Human Resources & Assistant Secretary |
| Martin D. Allen | Assistant Vice President, Director of Internal Audit and Risk Management |
| Bruce Schroeder | Assistant Vice President, Director of Ancillary Services |
| Thomas R. Kile | Assistant Treasurer |
| David K. Nees | Associate General Counsel & Assistant Secretary |

DIRECTOR

ADDRESS FOR ALL ABOVE IS:

Matthew S. Kang

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