

**2015 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M07000007197

**Entity Name:** HEARTLAND THERAPY PROVIDER NETWORK, LLC

**Current Principal Place of Business:**

333 N. SUMMIT STREET  
TOLEDO, OH 43604

**Current Mailing Address:**

333 N. SUMMIT STREET  
TOLEDO, OH 43604 US

**FEI Number: 37-1027432**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Authorized Person(s) Detail :**

Title MEMBER  
Name HCR HEALTHCARE, LLC  
Address 333 N. SUMMIT STREET  
City-State-Zip: TOLEDO OH 43604

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: HCR HEALTHCARE, LLC**

**MEMBER**

**04/10/2015**

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date