

2018 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

04/06/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date