# 'FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1997

STEEL: ADDRESS

CHY-SI-ZIP

Tritté

NAME



FLORIDA DEPARTMENT OF STATE

#### Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9500001678 (0)

RICHARDS HEALTHCARE, INC.

Principal Place of Business Mailing Address					I 188408 KIN 1880 3881 9011 0011 0011 8881 8010 17018 3111 1884 184 HOL		
950 ECHO LA HOUSTON TX	AME. SUITE 355 K 77024	950 ECHO LANE. SUITE 35 HOUSTON TX 77024-2750	5				
					3. Date Incorporated or Qualified 04/10/1995	3a. Date of Last 03/26/1996	Report
2. Principal l	Place of Business	2a. Mailing Address	*, *********************************		4. FEI Number		Applied For
21		26 ONE Seagate			76-0339241	1	Not Applicable
Suite, Apt	t #, €tc.	Suite, Apt #, etc. 27 Attn: Tax-31			5. Certificate of Status Desired		Additional Required
Oity & Sta 23	ite	City & State  28 Toledo	<b>&gt;</b> H		Election Campaign Financing     Trust Fund Contribution		0 May Be I to Fees
7ip <b>24</b>	Country 25	29 4304-2016	Country 30	\$	This corporation has liability for in Florida Statutes	tangible tax under Yes \[ \] No	s. 199.032,
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Reg	istered Agent	
C.	T CORPORATION SYSTEM		81	Name			
1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				82 Street Address (P.O. Box Number is Not Acceptable) 83			
			84	City		FL 85 Zip	Code
SIGNATURF	Sequature, typica or product name of registered ag	ent and tice if applicable. [NOTE ID DIRECTORS	Rogistered Age	iuper evulangla Inc	ad when reinstaling) ADDITIONS/CHANGES TO OFFIC	DATE ERS AND DIRECTO	DRS IN 12
1:0.E	PD	DELETE	11 TITLE		1,00,110,10,10,111,10,10	Change	
NAME STREET ADDRESS	RICHARDS, RICK		1.2 NAME 1.3 STREET	ADDRESS	SEE ATTACH	ED	
CHTY - S1 - ZIP	HOUSTON TX 77024		1.4 CITY - S	if · ZIP			
11111	SD	DELETE	2.1 TITLE			Change	Addition
NAME	RICHARDS, KAREN	•	2.2 NAME				
STREET ADDRESS			2.3 STREET	ADDRESS			
CITY-51 70°	HOUSTON TX 77024		2.4 CITY-	ST-ZIP			
MLF		DELETE	31 TITLE			☐ Change	Addition
NAME	)		3.2 NAME	}			
STREET ADDRESS	<b>&gt; </b>		3.3 STREET	ADDRESS			
C.TY - \$1 - ZiP			3.4. CITY-	ST - 74P			
TITLE		DELETE	4.1 TITLE			☐ Change	Addition
NAMI	1		4. 2 NAME				
STEEL FORESS			4.3 STREET	ADDRESS			
(HY-51-24)			4.4 City - 5	ST-ZIP			
TIFLE		☐ DELETE	5.1 TITLE			Change	Addition
HVWF			5.2 NAME	1			
STREET ADDRESS	5		5.3 STREET	ADDRESS			

5.4 CITY-S1-ZIP

**6.3 STREET ADDRESS** 64 CITY-ST-ZIP 14. I do 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 annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that tam an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

61 TITLE

6.2 NAME

DELETE

Change

Addition

**FILED** 

May 15 1997 8:00am

Secretary of State

# RICHARDS HEALTHCARE, INC.

### **OFFICERS**

Paul A. Ormond M. Keith Weikel

Geoffrey G. Meyers

R. Jeffrey Bixler William H. Kinschner

Barry A. Lazarus Spencer C. Moler

Wade B. O'Brian

John K. Graham

John I. Remenar

David L. Gehrich Douglas G. Haag

President, Chairman & Chief Executive Officer Senior Executive Vice President &

Chief Operating Officer

Executive Vice President, Chief Financial Officer & Assistant Secretary

Vice President, General Counsel & Secretary Vice President, Director of Management

Support Services

Vice President, Director of Reimbursement Vice President, Controller, Treasurer

& Assistant Secretary

Vice President, Director of Human Resources and Labor Relations & Assistant Secretary

Assistant Vice President, General Manager

of Vision Management Services and Ancillary Businesses

Assistant Vice President, Director of

Financial Services & Assistant Treasurer

Assistant Secretary & Assistant Treasurer

Assistant Treasurer

#### DIRECTORS

Paul A. Ormond M. Keith Weikel Geoffrey G. Meyers Richard C. Tuttle

## ADDRESS FOR ALL IS:

One SeaGate Toledo, Ohio 43604-2616 Phone: (419) 252-5600