


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

FILED
Apr 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 829863 (0)
1. Corporation Name
OWEN HEALTHCARE, INC.



Principal Place of Business 9800 CENTRE PKWY #1100 HOUSTON TX 77036 US	Mailing Address 9800 CENTRE PKWY #1100 HOUSTON TX 77036 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 5555 Glendon Court 27 Suite, Apt. #, etc. 28 Dublin, OH 29 43016 30 USA		3. Date Incorporated or Qualified 04/06/1973	
				4. FEI Number 75-1329577	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 8751 WEST BROWARD BOULEVARD PLANTATION FL 33324		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City Tallahassee FL 85 Zip Code 32301	
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Glenn L. Martin AUTHORIZED REPRESENTATIVE DATE 4/1/98

Signature of registered agent or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SVP	1.1 TITLE	C
NAME	JONES, DONALD M	1.2 NAME	John C. Kane
STREET ADDRESS	9800 CENTRE PKWY #1100	1.3 STREET ADDRESS	5555 Glendon Ct.
CITY-ST-ZIP	HOUSTON, TX 00000	1.4 CITY-ST-ZIP	Dublin, OH 43016
TITLE	D	2.1 TITLE	P
NAME	RUTHLEDGE, ROBERT M	2.2 NAME	Dwight Winstead
STREET ADDRESS	333 CEDAR, SUITE 210	2.3 STREET ADDRESS	9800 Centre Parkway, Ste. 1100
CITY-ST-ZIP	ABILENE TX	2.4 CITY-ST-ZIP	Houston, TX 77036
TITLE	COB	3.1 TITLE	VP
NAME	OWEN, DIAN GRAVES	3.2 NAME	David Bearman
STREET ADDRESS	9800 CENTRE PKWY #1100	3.3 STREET ADDRESS	5555 Glendon Ct.
CITY-ST-ZIP	HOUSTON, TX 00000	3.4 CITY-ST-ZIP	Dublin, OH 43016
TITLE	SVP	4.1 TITLE	VP/S
NAME	MARLETT, MARJORIE A	4.2 NAME	George H. Bennett
STREET ADDRESS	9800 CENTRE PKWY #1100	4.3 STREET ADDRESS	5555 Glendon Ct.
CITY-ST-ZIP	HOUSTON, TX 00000	4.4 CITY-ST-ZIP	Dublin, OH 43016
TITLE	PD	5.1 TITLE	VP
NAME	ISGREN, CARL E	5.2 NAME	Glenn L. Martin
STREET ADDRESS	9800 CENTRE PKWY #1100	5.3 STREET ADDRESS	5555 Glendon Ct.
CITY-ST-ZIP	HOUSTON, TX 00000	5.4 CITY-ST-ZIP	Dublin, OH 43016
TITLE	SVP	6.1 TITLE	VP/T
NAME	FLORANCE, STANLEY H.	6.2 NAME	Stephanie A. Wagoner
STREET ADDRESS	7923 OAKINGTON DR.	6.3 STREET ADDRESS	5555 Glendon Ct.
CITY-ST-ZIP	HOUSTON TX	6.4 CITY-ST-ZIP	Dublin, OH 43016

14. 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 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 I am 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Glenn L. Martin 4/5/98 (614) 717-5000

CR2E034 (10/97)