


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

FILED

May 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F94000003344 (8)					
1. Corporation Name HCR HEALTH SERVICES CORP.					
Principal Place of Business ONE SEAGATE ATTN: TAX 21 TOLEDO OH 43604-2616 US			Mailing Address ONE SEAGATE ATTN: TAX 21 TOLEDO OH 43604-1556 US		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 06/24/1994 3a. Date of Last Report 04/24/1996	
				4. FEI Number 34-1760503 Applied For Not Applicable	
				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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. 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 85 Zip Code FL		
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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ORMOND, PAUL A		1.2 NAME	SEE ATTACHED	
STREET ADDRESS	ONE SEAGATE		1.3 STREET ADDRESS		
CITY - ST - ZIP	TOLEDO OH 43604-2616		1.4 CITY - ST - ZIP		
TITLE	VD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WEIKEL, M. KEITH		2.2 NAME		
STREET ADDRESS	ONE SEAGATE		2.3 STREET ADDRESS		
CITY - ST - ZIP	TOLEDO OH 43604-2616		2.4 CITY - ST - ZIP		
TITLE	VD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MEYERS, GEOFFREY G		3.2 NAME		
STREET ADDRESS	ONE SEAGATE		3.3 STREET ADDRESS		
CITY - ST - ZIP	TOLEDO OH 43604-2616		3.4 CITY - ST - ZIP		
TITLE	VD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TUTTLE, RICHARD C		4.2 NAME		
STREET ADDRESS	ONE SEAGATE		4.3 STREET ADDRESS		
CITY - ST - ZIP	TOLEDO OH 43604-2616		4.4 CITY - ST - ZIP		
TITLE	VS	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BIXLER, R. JEFFREY		5.2 NAME		
STREET ADDRESS	ONE SEAGATE		5.3 STREET ADDRESS		
CITY - ST - ZIP	TOLEDO OH 43604-2616		5.4 CITY - ST - ZIP		
TITLE	V	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KINSCHNER, WILLIAM H		6.2 NAME		
STREET ADDRESS	ONE SEAGATE		6.3 STREET ADDRESS		
CITY - ST - ZIP	TOLEDO OH 43604-2616		6.4 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 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: X O ROSENBERG REQUIRED David L. Gehrich APR 21 1997 (419) 250-5764					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



CR2E034 (9/96)

HEARTLAND SERVICES CORP.

OFFICERS

Paul A. Ormond	Chairman, President & Chief Executive Officer
M. Keith Weikel	Senior Executive Vice President & Chief Operating Officer
Geoffrey G. Meyers	Executive Vice President, Chief Financial Officer & Assistant Secretary
R. Jeffrey Bixler	Vice President, General Counsel & Secretary
William H. Kinschner	Vice President, Director of Management Support Services
Barry A. Lazarus	Vice President, Director of Reimbursement
Spencer C. Moler	Vice President, Controller, Treasurer & Assistant Secretary
Wade B. O'Brian	Vice President, Director of Human Resources and Labor Relations & Assistant Secretary
Paul G. Sieben	Vice President, Director of Development & Construction
John I. Remenar	Assistant Vice President, Director of Financial Services & Assistant Treasurer
David L. Gehrich	Assistant Secretary & Assistant Treasurer
Douglas G. Haag	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