

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000003344

1. Entity Name
HCR HEALTH SERVICES CORP.



FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90113 038 ***150.00

066263 AB

Principal Place of Business
333 N SUMMIT ST
ATTN: TAX-5
TOLEDO OH 43606
US

Mailing Address
333 N SUMMIT ST
ATTN: TAX-5
TOLEDO OH 43606
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 34-1760503

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PCEO ☐ Delete
NAME ORMOND, PAUL A
STREET ADDRESS 333 N SUMMIT ST
CITY-ST-ZIP TOLEDO OH 43604

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VCOO ☐ Delete
NAME WEIKEL, M. KEITH
STREET ADDRESS 333 N SUMMIT ST
CITY-ST-ZIP TOLEDO OH 43604

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE EVAS ☐ Delete
NAME MEYERS, GEOFFREY G
STREET ADDRESS 333 N SUMMIT ST
CITY-ST-ZIP TOLEDO OH 43604

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPD ☐ Delete
NAME SIEBEN, PAUL G
STREET ADDRESS ONE SEAGATE
CITY-ST-ZIP TOLEDO OH 16

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VSD ☐ Delete
NAME BIXLER, R. JEFFREY
STREET ADDRESS 333 N SUMMIT ST
CITY-ST-ZIP TOLEDO OH 43604

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☐ Delete
NAME KINSCHNER, WILLIAM H
STREET ADDRESS 333 N SUMMIT ST
CITY-ST-ZIP TOLEDO OH 43604

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

John Robert
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-22-03

Date

(419) 252-5794

Daytime Phone #

CR2E034 (10/02)