

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F95000000762 (3)

1. Corporation Name

STRATEGIC HEALTHCARE MANAGEMENT, INC.



Principal Place of Business

Mailing Address

2215 SANDERS ROAD  
NORTHBROOK IL 60062

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NORTHBROOK IL 60062

3. Date Incorporated or Qualified

02/15/1995

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

95-4358085

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

81 Name

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

83

84 City

FL

85 Zip Code

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

TITLE PD  
NAME MAYER, THOMAS R  
STREET ADDRESS THREE POINTE DRIVE, STE 103  
CITY- ST- ZIP BREA CA ☐ DELETE

TITLE VD  
NAME MUNSON, DIANE L  
STREET ADDRESS 2211 SANDERS ROAD  
CITY- ST- ZIP NORTHBROOK IL ☐ DELETE

TITLE VS  
NAME SCHUMAN, THOMAS R  
STREET ADDRESS 2215 SANDERS ROAD  
CITY- ST- ZIP NORTHBROOK IL ☒ DELETE

TITLE T  
NAME OWCZARSKI, DENNIS R  
STREET ADDRESS 2215 SANDERS ROAD  
CITY- ST- ZIP NORTHBROOK IL ☐ DELETE

TITLE D  
NAME STREMLER, DARRELL J  
STREET ADDRESS 2211 SANDERS ROAD  
CITY- ST- ZIP NORTHBROOK IL ☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE AT  
1.2 NAME GORE, ANDREW  
1.3 STREET ADDRESS 2215 SANDERS ROAD  
1.4 CITY- ST- ZIP NORTHBROOK IL ☐ Change ☒ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY- ST- ZIP ☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY- ST- ZIP ☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY- ST- ZIP ☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY- ST- ZIP ☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY- ST- ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Andrew Gore

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/96

Date

(847) 559-4700

Daytime Phone #

CR2E034 (12/95)

2-7

**STRATEGIC HEALTHCARE MANAGEMENT, INC.**

(a California corporation)

F.E.I.N. #95-4358085

**OFFICERS:**

<b><u>OFFICE</u></b>	<b><u>OFFICER</u></b>	<b><u>S.S. #</u></b>	<b><u>BUSINESS ADDRESS</u></b>
President	✓ Thomas R. Mayer, M.D.	397-50-7788	501 South Idaho Street LaHabra, California 90631
Vice President	✓ Diane L. Munson	325-44-1861	2215 Sanders Road Northbrook, Illinois 60062
Vice President	James Winschel	117-40-6978	2215 Sanders Road Northbrook, Illinois 60062
Assistant Secretary	Nancy K. Bellis	085-52-6908	2215 Sanders Road Northbrook, Illinois 60062
Assistant Secretary	David Lobdell	389-78-6878	2215 Sanders Road Northbrook, Illinois 60062
Assistant Secretary	Nancy M. McNulty	323-26-7343	2215 Sanders Road Northbrook, Illinois 60062
Treasurer	✓ Dennis R. Owczarski	360-34-8356	2215 Sanders Road Northbrook, Illinois 60062
Assistant Treasurer	✓ Andrew M. Gore	352-38-5296	2215 Sanders Road Northbrook, Illinois 60062
Assistant Treasurer	Thomas O. Lenhart	277-32-2728	2215 Sanders Road Northbrook, Illinois 60062

**DIRECTORS:**

Thomas R. Mayer, M.D.

Diane L. Munson

Darrell J. Stremier

As of 4/10/96