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FILED
May 15 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 # **F95000002543 (5)**

1. Corporation Name
MLESTONE HEALTHCARE, INC.

Principal Place of Business

**2501 CEDAR SPRINGS RD.
STE 300 LB 15
DALLAS TX 75201
US**

Mailing Address

**2501 CEDAR SPRINGS RD.
STE 300 LB 15
DALLAS TX 75201
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/24/1995

4. FEI Number

75-2592398

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

City & State

23

Zip

24

Country

25

2a. Mailing Address

26 *One Seagate*

Suite, Apt. #, etc.

27 *Attn: Fax-21*

City & State

28 *Toledo OH*

Zip

29 *43604*

Country

30 *USA*

9. Name and Address of Current 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

10. Name and Address of New Registered Agent

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** ☐ DELETE

NAME **ALLEN, CHARLES**
STREET ADDRESS **4525 HARDING ROAD**
CITY-ST-ZIP **NASHVILLE TN**

TITLE **VD** ☐ DELETE

NAME **GRIFFITHS, ROY W**
STREET ADDRESS **809 MT. VERNON WAY**
CITY-ST-ZIP **PLANO TX**

TITLE **SD** ☐ DELETE

NAME **BROSIOUS, WILLIAM A**
STREET ADDRESS **3019 PLAUDIT PLACE**
CITY-ST-ZIP **DALLAS TX**

TITLE **D** ☒ DELETE

NAME **DE CHAZAL, GUY L.**
STREET ADDRESS **68 WHEATLEY RD.**
CITY-ST-ZIP **BROOKVILLE NY**

TITLE **D** ☒ DELETE

NAME **HALSTEAD, SCOTT S.**
STREET ADDRESS **76 ETHEL AVENUE**
CITY-ST-ZIP **MILL VALLEY CA**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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.

APR 17 1998

CR2E034 (10/97)

MILESTONE HEALTHCARE, INC.

OFFICERS

Paul A. Ormond	Chairman & Chief Executive Officer
Charles L. Allen	President
M. Keith Weikel	Senior Executive Vice President & Chief Operating Officer
Geoffrey G. Meyers	Executive Vice President, Chief Financial Officer & Assistant Secretary
William A. Brosius	Senior Executive Vice President of Finance
Roy W. Griffiths, Jr.	Senior Executive Vice President & Director of Operations
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 O'Brian	Vice President, Director of Human Resources and Labor Relations & Assistant Secretary
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

**ADDRESS FOR ALL EXCEPT MESSRS.
ALLEN, BROSIUS & GRIFFITS IS:**

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

**ADDRESS FOR MESSRS.
ALLEN, BROSIUS & GRIFFITS:**

2501 Cedar Springs
Dallas, TX 75201
Phone: (214) 871-3399