FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -8 AM 9:25

DOCUMENT # P25543 (0)

1. Corporation Name
HPI HEALTH CARE SERVICES, INC.

Principal Place of Business	Mailing Address
4500 ALEXANDER BLVD N.E. ALBUQUERQUE NM 87107	4500 ALEXANDER BLVD N.E. ALBUQUERQUE NM 87107

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/08/1989
3a. Date of Last Report: 02/07/1994

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 / Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 / Country — 30

4. FEI Number: 85-0376128 ☐ 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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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 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 familar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed 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	V	1.1 TITLE	☐ Change ☐ Addition
NAME	SCHELLING, WARREN C.	1.2 NAME	
STREET ADDRESS	2120 BLUE CORN MAIDEN COURT, NE	1.3 STREET ADDRESS	
CITY-ST-ZIP	ALBUQUERQUE NM	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	☐ Change ☐ Addition
NAME	DRISCOLL, JOHN W.	2.2 NAME	
STREET ADDRESS	6100 MOSQUERO, NW	2.3 STREET ADDRESS	
CITY-ST-ZIP	ALBEQUERQUE NM	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	BARRON, WILLIAM A.	3.2 NAME	
STREET ADDRESS	2824 TRAMWAY CIRCLE, N.E.	3.3 STREET ADDRESS	
CITY-ST-ZIP	ALBUQUERQUE NM	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	☐ Change ☐ Addition
NAME	MILLER, COURTLANDT G.	4.2 NAME	
STREET ADDRESS	29 E 64TH ST 5-A	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	DESANTIS, NUNZIO P.	5.2 NAME	
STREET ADDRESS	4609 RIO GRANDE NW	5.3 STREET ADDRESS	
CITY-ST-ZIP	ALBUQUERQUE NM	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

see attached sheet for changes

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)(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: Schelling Russell VP 1/4/95 505 761-6100
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER Date Daytime Phone #

0491341 FN

HPI HEALTH CARE SERVICES, INC.

CORPORATE OFFICERS

Raymond DePiero
President and Chief Operating Officer
12220 San Victorio Ave., NE
Albuquerque, NM 87111
(505) 237-1144
#285-56-4607

John W. Driscoll, CPA
Vice President of Financial Planning and Analysis
4308 La Paloma, NW
Albuquerque, NM 87120
(505) 898-8219
#585-84-6037

William A. Barron
Vice President
2824 Tramway Circle, NE
Albuquerque, NM 87122
(505) 345-8080
#097-38-9016

HPI HEALTH CARE SERVICES, INC.

BOARD OF DIRECTORS

Nunzio P. DeSantis
Chairman of the Board/Director
4609 Rio Grande, NW
Albuquerque, NM 87114
(505) 344-2646
#585-30-7250

Courtlandt G. Miller
Director/Secretary
29 E. 64th Street, Apt. 5A
New York, NY 10021
(212) 988-1582
#060-38-4366

William A. Barron
Director
2824 Tramway Circle, NE
Albuquerque, NM 87122
(505) 345-8080
#097-38-9016