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 # **P25543** **(0)**

1. Corporation Name

HPI HEALTH CARE SERVICES, INC.

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

Mailing Address
4500 ALEXANDER BLVD N.E.
ALBUQUERQUE NM 87107

3. Date Incorporated or Qualified: **08/08/1989**
3a. Date of Last Report: **02/08/1995**

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 familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	V	☒ DELETE	1.1 TITLE	CEO	☒ Change ☐ Addition
NAME	SCHELLING, WARREN C.		1.2 NAME	Kevin Roberg	
STREET ADDRESS	2120 BLUE CORN MAIDEN COURT, NE		1.3 STREET ADDRESS	4700 Nathan Lane North	
CITY - ST - ZIP	ALBUQUERQUE NM		1.4 CITY - ST - ZIP	Plymouth, MN 55442-2599	
TITLE	V	☒ DELETE	2.1 TITLE	Vice President	☒ Change ☐ Addition
NAME	DRISCOLL, JOHN W.		2.2 NAME	Steve Peterson	
STREET ADDRESS	6100 MOSQUERO, NW		2.3 STREET ADDRESS	Same as above	
CITY - ST - ZIP	ALBEQUERQUE NM		2.4 CITY - ST - ZIP		
TITLE	D	☒ DELETE	3.1 TITLE	Assistant Secretary	☒ Change ☐ Addition
NAME	BARRON, WILLIAM A.		3.2 NAME	James Raabe	
STREET ADDRESS	2824 TRAMWAY CIRCLE, N.E.		3.3 STREET ADDRESS	Same as above	
CITY - ST - ZIP	ALBUQUERQUE NM		3.4 CITY - ST - ZIP		
TITLE	SD	☒ DELETE	4.1 TITLE	Secretary	☒ Change ☐ Addition
NAME	MILLER, COURTLANDT G.		4.2 NAME	Gary Blackford	
STREET ADDRESS	29 E 64TH ST 5-A		4.3 STREET ADDRESS	Same as above	
CITY - ST - ZIP	NEW YORK NY		4.4 CITY - ST - ZIP		
TITLE	D	☒ DELETE	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		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY - ST - ZIP			6.4 CITY - ST - ZIP		

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 6/10/96

Daytime Phone #: 505-761-6152

CR2E034 (12/95)