

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90137 003 ***150.00

DOCUMENT # P96000040194

1. Corporation Name

PHYSICAL, OCCUPATIONAL, & SPEECH THERAPY, INC.

Principal Place of Business

ATTN: TAX-21
ONE SEAGATE
TOLEDO OH 43604

Mailing Address

ATTN: TAX-21
ONE SEAGATE
TOLEDO OH 43604

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/06/1996

4. FEI Number

59-3377552

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 the current year Intangible
Personal Property Tax.

☒

No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD
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

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 0 ☐ DELETE

NAME ORMOND, P
STREET ADDRESS ONE SEAGATE
CITY-ST-ZIP TOLEDO OH 43604

TITLE 0 ☐ DELETE

NAME MEYERS
STREET ADDRESS ONE SEAGATE
CITY-ST-ZIP TOLEDO OH 43604

TITLE 0 ☐ DELETE

NAME BIXLER
STREET ADDRESS ONE SEAGATE
CITY-ST-ZIP TOLEDO OH 43604

TITLE 0 ☐ DELETE

NAME LAZARUS
STREET ADDRESS ONE SEAGATE
CITY-ST-ZIP TOLEDO OH 43604

TITLE 0 ☐ DELETE

NAME MOLER
STREET ADDRESS ONE SEAGATE
CITY-ST-ZIP TOLEDO OH 43604

TITLE 0 ☐ DELETE

NAME GRAHAM
STREET ADDRESS ONE SEAGATE
CITY-ST-ZIP TOLEDO OH 43604

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, with all other like empowered.

SIGNATURE: *XOR* SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-99 (419) 252-5764
Date Daytime Phone #

CR2E034 (11/98)

P960000 40194
401192-90137-3

PHYSICAL, OCCUPATIONAL & SPEECH THERAPY, INC.

OFFICERS

Paul A. Ormond	Chairman, President & Chief Executive Officer
M. Keith Weikel	Senior Executive Vice President & Chief Operating Officer
Geoffrey G. Meyers	Executive Vice President, Chief Financial Officer & Assistant Secretary
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, & Assistant Secretary
Wade B. O'Brian	Vice President, Director of Human Resources and Labor Relations & Assistant Secretary
John K. Graham	Vice President, Director of Rehabilitation Services
John I. Remenar	Vice President, Director of Financial Services & Assistant Treasurer
Douglas G. Haag	Treasurer
David L. Gehrich	Assistant Secretary & Assistant Treasurer
Thomas R. Kile	Assistant Treasurer

DIRECTORS

Paul A. Ormond
M. Keith Weikel
Geoffrey G. Meyers

ADDRESS FOR ALL IS:

333 N. Summit St.
Toledo, Ohio 43699-0086
Phone: (419) 252-5500