

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 16, 2000 8:00 am**  
**Secretary of State**

02-16-2000 90039 042 \*\*\*150.00

**DOCUMENT # P96000040194**

1. Entity Name

**PHYSICAL, OCCUPATIONAL, & SPEECH THERAPY, INC.**

Principal Place of Business

Mailing Address

TAX-21  
 SEAGATE  
 OH 43604

ATTN: TAX-21  
 ONE SEAGATE  
 TOLEDO OH 43604-1558

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3377552**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

**CT CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND RD  
 PLANTATION FL 33324**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>O</b> <b>ORMOND, P</b> <b>ONE SEAGATE</b> <b>TOLEDO OH 43604</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>O</b> <b>MEYERS</b> <b>ONE SEAGATE</b> <b>TOLEDO OH 43604</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>O</b> <b>BIXLER</b> <b>ONE SEAGATE</b> <b>TOLEDO OH 43604</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>O</b> <b>LAZARUS</b> <b>ONE SEAGATE</b> <b>TOLEDO OH 43604</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>O</b> <b>MOLER</b> <b>ONE SEAGATE</b> <b>TOLEDO OH 43604</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>O</b> <b>GRAHAM</b> <b>ONE SEAGATE</b> <b>TOLEDO OH 43604</b>	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)

P960000 40194

ACC20059

**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 43604  
Phone: (419) 252-5500