

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000040194

1. Entity Name

PHYSICAL, OCCUPATIONAL, & SPEECH THERAPY, INC.

Principal Place of Business

Mailing Address

ATTN: TAX-21
ONE SEAGATE
TOLEDO OH 43604

ATTN: TAX-21
ONE SEAGATE
TOLEDO OH 43604

2. Principal Place of Business

333 N. Summit St

3. Mailing Address

333 N. Summit St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

ATTN: TAX-5

ATTN: TAX-5

City & State

City & State

Toledo, OH

Toledo, OH

Zip

Country

Zip

Country

43604

USA

43604

USA

6. Name and Address of Current Registered Agent

4. FEI Number 59-3377552

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

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, 2001 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

TITLE	0	<input type="checkbox"/> Delete
NAME	ORMOND, P	
STREET ADDRESS	ONE SEAGATE	
CITY-ST-ZIP	TOLEDO OH 43604	
TITLE	0	<input type="checkbox"/> Delete
NAME	MEYERS	
STREET ADDRESS	ONE SEAGATE	
CITY-ST-ZIP	TOLEDO OH 43604	
TITLE	0	<input type="checkbox"/> Delete
NAME	BIXLER	
STREET ADDRESS	ONE SEAGATE	
CITY-ST-ZIP	TOLEDO OH 43604	
TITLE	0	<input type="checkbox"/> Delete
NAME	LAZARUS	
STREET ADDRESS	ONE SEAGATE	
CITY-ST-ZIP	TOLEDO OH 43604	
TITLE	0	<input type="checkbox"/> Delete
NAME	MOLER	
STREET ADDRESS	ONE SEAGATE	
CITY-ST-ZIP	TOLEDO OH 43604	
TITLE	0	<input type="checkbox"/> Delete
NAME	GRAHAM	
STREET ADDRESS	ONE SEAGATE	
CITY-ST-ZIP	TOLEDO OH 43604	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PCEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ORMOND, PAUL A.	
STREET ADDRESS	333 N. Summit St.	
CITY-ST-ZIP	TOLEDO, OH 43604	
TITLE	EVP CFO AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEYERS, GEOFFREY G.	
STREET ADDRESS	333 N. Summit St.	
CITY-ST-ZIP	TOLEDO, OH 43604	
TITLE	VSD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIXLER, R. JEFFREY	
STREET ADDRESS	333 N. Summit St.	
CITY-ST-ZIP	TOLEDO, OH 43604	
TITLE	VP DR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAZARUS, BARRY A.	
STREET ADDRESS	333 N. Summit St.	
CITY-ST-ZIP	TOLEDO, OH 43604	
TITLE	VP CAS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOLER, SPENCER C.	
STREET ADDRESS	333 N. Summit St.	
CITY-ST-ZIP	TOLEDO, OH 43604	
TITLE	VP DR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAHAM, JOHN K.	
STREET ADDRESS	333 N. Summit St.	
CITY-ST-ZIP	TOLEDO, OH 43604	

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: X O L Schmitt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04-25-01

(419)252-5164

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90203 003 ***150.00

764348



DO NOT WRITE IN THIS SPACE

0585445

CR2E034 (10/00)

*Attachment
P96 000040/94
764348*

PHYSICAL, OCCUPATIONAL & SPEECH THERAPY, INC.

OFFICERS

Paul A. Ormond	Chairman, President & Chief Executive Officer
M. Keith Weikel	Sr. Exec. Vice President & Chief Operating Officer
Geoffrey G. Meyers	Executive Vice President, Chief Financial Officer & Assistant Secretary
R. Jeffrey Bixler	Vice President, General Counsel & Secretary
Steven M. Cavanaugh	Vice President, Director of Corporate Development & Assistant Secretary
Nancy A. Edwards	Vice President, General Manager, Central Division
Larry R. Godla	Vice President, Development & Construction
John K. Graham	Vice President, Director of Rehabilitation Services
Jeffrey A. Grillo	Vice President, General Manager, Mid-Atlantic Div.
Douglas G. Haag	Vice President, Treasurer
David C. Heberling	Vice President, Employee Relations
William H. Kinschner	Vice President, Director of Management Support Services
David B. Lanning	Vice President, Development
Barry A. Lazarus	Vice President, Director of Reimbursement
Larry C. Lester	Vice President, General Manager, Midwest Division
Spencer C. Moler	Vice President, Controller & Assistant Secretary
O. William Morrison	Vice President, General Manager, Eastern Div.
Wade B. O'Brian	Vice President, Director of Human Resources and Labor Relations & Assistant Secretary
James P. Pagoaga	Vice President, Rehabilitation Services
Richard W. Parades	Vice President, General Manager, Mid-States Div.
John I. Remenar	Vice President, Director of Financial Services & Assistant Treasurer
F. Joseph Schmitt	Vice President, General Manager, Southern Div.
Jo Ann Young	Vice President, General Manager of Assisted Living
Martin D. Allen	Assistant Vice President, Director of Reimbursement Services
David L. Gehrich	Assistant Secretary & Assistant Treasurer
Kenneth Gelfarb	Assistant Secretary
Thomas R. Kile	Assistant Treasurer
David K. Nees	Associate General Counsel & Assistant Secretary

DIRECTORS

R. Jeffrey Bixler

ADDRESS FOR ALL ABOVE IS:

333 N. Summit St.
Toledo, Ohio 43604
Phone: (419) 252-5500