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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000043737 (1)

HCR PHYSICIANS SERVICES, INC.

Principal Place of Business

Mailing Address

234 ALEXANDER PALM RD. BOCA RATON FL 33422 234 ALEXANDER PALM RD. BOCA RATON FL 33432-7807

FILED May 15 1997 8:00am Secretary of State

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						3	 Date Incorporated or Qualified 05/22/1996 	Sa. Date of	f Last Re	port	
2. Principa	il Place of Business	2a. Mail	2a. Mailing Address				4 FEI Number				
21							65-0666550			Applicable	
	pt #, etc		Suite, Apt. #, etc.					\$	-	dditional	
22		27 A	27 AHD: TAX-31				5. Certificate of Status Desired		Fee Re		
City & S	tate		City & State			6	3. Election Campaign Financing	5	5.00	May Re	
23		28 T	28 Toledo OH				Trust Fund Contribution Added to Fees				
Zιρ	Country					8. This corporation has liability for intangible tax under s. 199.032,					
24	25	29 43	29 43 604-2616 30 05				Florida Statutes Yes No				
g. Name and Address of Current Registered Agent					· -y	10. Name and Address of New Registered Agent					
C (CONFORMION SISTEM					81 Name						
1200 SOUTH PINE ISLAND ROAD					82 Street Address (P.O. Box Number is Not Acceptable)						
PLANTATION FL 33324											
					B3						
					84 City			85	Zip C	ode	
								FL			
11. Pursua	int to the provisions of Sections	s 607.0502 and 607.15	08, Florida Statute	es, the ab	ove-named	corporati	ion submits this statement for the p	urpose of cha	nging its	registered	
agent	I am familiar with, and accept	the obligations of, Sec	tion 607.0505, Flo	rida Statu	tes.	polations	board of directors. I hereby accept	it trie appoints	illoint da i	ogistorota	
SIGNATUE	IF										
	Signature, typed or printed name of re				Agent signature	e required wh		DATE			
12.	OFFIC	CERS AND DIRECTOR		13.			ADDITIONS/CHANGES TO OFFIC				
TITLE	ODMOND DAIR A		DELETE	1,1 TIT					Change	Addition	
NAME	ORMOND, PAUL A	EI OOD		1.2 NA		5	EE ATTACHE	D.		İ	
STREET ADDRE		PLOOR		1.3 ST	EET ADDRESS						
CITY-ST-ZiP	TOLEDO OH 43604		55,575		Y-ST-ZIP					T-14.000	
THLE	D DESTRUCTION OF OFFICE V	^	DELETE	2.1 TIT		ļ		L.	Change	Addition	
NAME	MEYERS, GEOFFREY			2.2 NA		1					
STREET AUDRE		rloon			EET ADDRESS						
CITY - S1 - ZIP	TOLEDO OH 43604		TT SELECT		Y-\$T-ZIP	ļ	·	···	<u> </u>	1 1 1 1 1 1 1	
TITLE	D NEWS M NEWS		DELETE	3.1 TIT				الا	Change	Addition	
NAME	WEIKEL, M. KEITH	EL OOD		3.2 NA							
STREET ADDRE		FLOUR		3.3 ST	EET ADDRESS					ĺ	
City-St-7iP	TOLEDO OH 43604	··································	T process		Y-ST-ZIP	 			01	1 4 4 2 11 1	
THYLE			DELETE	4.1 111	-			البا	Change	Addition	
NAME				4. 2 NA							
STREET ADORE	28				EET ADDRESS						
CITY-ST-ZIP			DEC. Pre		Y+ST-ZIP	ļ			01		
TITLE			☐ DELETE	5.1 TIT				ш	Change	Addition	
NAME.				5.2 NA							
STREET ADDRE	SS			53 51	EET ADDRESS						
City-St-76					Y-SY-ZIP	 		·····			
TIFLE			DELETE	6.1 TIT				LJ	Change	Addition	
NAME				6.2 NA]					
STREET ADDRE	SS			6.3 ST	EET ADDRESS					ļ	
CITY - ST - ZIP					Y-ST-ZIP						
14. I do hi	creby certify that the information	n supplied with this fili	ng does not qualif	y for the	xemption s	stated in S	Section 119,07(3)(i), Florida Statute:	s. I further cert	tify that t	he [

4. To hereby certify that the information supplied with this hing does not quality for the exemption stated in Section 119.07(3)(t), 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

oid L Genrich

APR 21 1997

5-656(616)

HCR PHYSICIANS SERVICES, INC.

OFFICERS

Paul A. Ormond M. Keith Weikel

Geoffrey G. Meyers

R. Jeffrey Bixler William H. Kinschner

Barry A. Lazarus Spencer C. Moler

Wade O'Brian

Jeffrey A. Zipper, M.D. John I. Remenar

David L. Gehrich Douglas G. Haag Chairman, President & Chief Executive Officer Senior Executive Vice President &

Chief Operating Officer

Executive Vice President, Chief Financial Officer & Assistant Secretary

Vice President, General Counsel & Secretary Vice President, Director of Management

Support Services

Vice President, Director of Reimbursement

Vice President, Controller, Treasurer & Assistant Secretary

Vice President, Director of Human Resources and Labor Relations & Assistant Secretary

Vice President

Assistant Vice President, Director of Financial Services & Assistant Treasurer Assistant Secretary & Assistant Treasurer

Assistant Treasurer

DIRECTORS

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

ADDRESS FOR ALL IS:

One SeaGate Toledo, Ohio 43604-2616 Phone: (419) 252-5600