

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

FILED  
May 15 1998 8:00am  
Secretary of State

*PROFIT CORPORATION ANNUAL REPORT <b>1998</b>	 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	--

DOCUMENT # **P96000043737 (1)**  
1. Corporation Name  
**HEARTLAND PAIN AND REHABILITATION CENTERS, INC.**



Principal Place of Business <b>234 ALEXANDER PALM RD. BOCA RATON FL 33422</b>	Mailing Address <b>ONE SEAGATE ATTN TAX 21 TOLEDO OH 43604-616 US</b>
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>05/22/1996</b>	
21. Suite, Apt. #, etc.	22. City & State	26. Suite, Apt. #, etc.	27. City & State	4. FEI Number <b>65-0666550</b>	Applied For <input type="checkbox"/> Not Applicable
23. Zip	25. Country	28. Zip	30. Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Name and Address of Current Registered Agent				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

81. Name	10. Name and Address of New Registered Agent
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	85. Zip Code

11. Pursuant to the provisions of Sections 607.0602 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 607.0605, 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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
	<b>D</b>	<b>ORMOND, PAUL A</b>	<b>ONE SEAGATE, 23RD FLOOR TOLEDO OH 43604</b>				
	<b>D</b>	<b>MEYERS, GEOFFREY G</b>	<b>ONE SEAGATE, 23RD FLOOR TOLEDO OH 43604</b>				
	<b>D</b>	<b>WEIKEL, M. KEITH</b>	<b>ONE SEAGATE, 23RD FLOOR TOLEDO OH 43604</b>				
	<b>VPD</b>	<b>O'BRIAN, WADE</b>	<b>ONE SEAGATE TOLEDO OH 18</b>				
	<b>VP</b>	<b>ZIPPER, JEFFREY A</b>	<b>ONE SEAGATE TOLEDO OH 18</b>				
	<b>ASAT</b>	<b>GEHRICH, DAVID L</b>	<b>ONE SEAGATE TOLEDO OH 18</b>				

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.

APR 17 1998

CR2E034 (10/97)

**HEARTLAND PAIN AND REHABILITATION CENTERS, 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, Treasurer & Assistant Secretary
Wade O'Brian	Vice President, Director of Human Resources and Labor Relations & Assistant Secretary
Jeffrey A. Zipper, M.D.	Vice President
John I. Remenar	Assistant Vice President, Director of Financial Services & Assistant Treasurer
David L. Gehrich	Assistant Secretary & Assistant Treasurer
Douglas G. Haag	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