PROFIT CORPORATION ANNUAL REPORT 1999

TOLEDO OH 16

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000043737

1. Corporation Name

HEARTLAND PAIN AND REHABILITATION CENTERS, INC.

Principal Place of Business		Mailing Address							
234 ALEXANDER PALM RD.		ONE SEAGATE							
BOCA RATON FL 33422		ATTN TAX 21 TOLEDO OH 43604-616			DO NOT WRITE IN THIS SPACE				
		US			3. Date Incorporated or Qualifed				
		••				05/22/1996			
2. Principal P	Place of Business	2a. Mailing Address				4. FEI Number		Apr	plied For
21		26				65-0666550		Not	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.						\$8.75 A	dditional
22		27				5. Certifcate of Status Desired		Fee Re	quired
City & Stat	e	City & State				6. Election Campaign Financing		\$5.00	May Be
23		28			_	Trust Fund Contribution		Added to	o Fees
Zip	Country	Zip Country			8. This corporation owes the curre	nt year Inta		_	
24	25	29	30			Personal Property Tax. Yes No			
•	9. Name and Address of Current	Registered Agent				10. Name and Address of New Ro	gistered /	igent	
0.7	CODDODATION SYSTEM			81	Name				}
	CORPORATION SYSTEM			82	Street Addre	ess (P.O. Box Number is Not Acceptate	ole)		
	SOUTH PINE ISLAND ROAD								
PLAI	NTATION FL 33324			83					ſ
				84	City			85 Zip C	Code
÷					•		FL		
11. Pursuant	to the provisions of Sections 607.0502 registered agent, or both, in the State of	and 607.1508, Florida Statu	tes, the al	bove	-named corpo	oration submits this statement for the p n's board of directors. I hereby accept	ourpose of a	changing its itment as rec	registered) gistered
agant. I a	im familiar with, and accept the obligation	ons of, Section 607.0505, Flo	orida Statu	ites	no oorporatio	o board or an obtoror. Thereby according			,
SIGNATURE			_						
	Signature, typed or printed name of registered agent			Agent	signature required	when reinstating) ADDITIONS/CHANGES TO OFF	DATE	D DIRECTO	DS IN 12
12.	OFFICERS AND	DELETE	1.1 10	n c		ADDITIONS/CHANGES TO OFF	ICENS AIT	Change	Addition
TILLE.	ODMOND DALIL A	C perete							
NAME	ORMOND, PAUL A		1.2 NA		1000500				1
STREET ADDRESS	ONE SEAGATE, 23RD FLOOR TOLEDO OH 43604		•		ADDRESS				
CITY-ST-ZIP	D	☐ DELETE	2.1 717	TY-ST	- <u>ZIP</u>				Addition
TITLE	-		4.14					□ Change	AQQRION
NAME	MEYERS, GEOFFREY G ONE SEAGATE, 23RD FLOOR		2214		f			☐ Change	Addition
STREET ADDRESS			2.2 NA	ME	4000000	6,0		☐ Change	Addition
CITY-ST-ZIP	1		2.3 ST	ME REET	ADDRESS	Sel and		Change	Addition
TITLE	TOLEDO OH 43604	∏ nel ete	2.3 ST 2.4 C	ME REET		Selached			
NAME	TOLEDO OH 43604	☐ DELETE	2.3 ST 2.4 Cl 3.1 Th	NME TREET I ITY-ST TLE		Selached		☐ Change	Addition
	TOLEDO OH 43604 D WEIKEL, M. KEITH	☐ DELETE	2.3 ST 2.4 CI 3.1 TII 3.2 NA	AME TREET TY-ST TLE AME	r-ZIP	Selached			
STREET ADDRESS	TOLEDO OH 43604 D WEIKEL, M. KEITH ONE SEAGATE, 23RD FLOOR	☐ DELETE	2.3 ST 2.4 Cl 3.1 Th 3.2 NA 3.3 ST	TREET INTE	ADORESS	Selached	· · · · · · · · · · · · · · · · · · ·		
CITY-ST-ZIP	TOLEDO OH 43604 D WEIKEL, M. KEITH ONE SEAGATE, 23RD FLOOR TOLEDO OH 43604		2.3 ST 2.4 Cl 3.1 Th 3.2 NA 3.3 ST 3.4. Cl	TREET IN THE TREET	ADORESS	Selached		☐ Change	☐ Addition
CITY-ST-ZIP	TOLEDO OH 43604 D WEIKEL, M. KEITH ONE SEAGATE, 23RD FLOOR TOLEDO OH 43604 VPD	☐ DELETE	2.3 ST 2.4 CD 3.1 TM 3.2 NA 3.3 ST 3.4 CD	TREET, ITY-ST TLE AME REET, ITY-ST	ADORESS	Selached			
CITY-ST-ZIP TITLE NAME	TOLEDO OH 43604 D WEIKEL, M. KEITH ONE SEAGATE, 23RD FLOOR TOLEDO OH 43604 VPD O'BRIAN, WADE		2.3 ST 2.4 Cl 3.1 Tl 3.2 NA 3.3 ST 3.4. Cl 4.1 Tll 4.2 NA	TREET IN THE TREET	ADDRESS	Selached		☐ Change	☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADORESS	TOLEDO OH 43604 D WEIKEL, M. KEITH ONE SEAGATE, 23RD FLOOR TOLEDO OH 43604 VPD O'BRIAN, WADE ONE SEAGATE		2.3 ST 2.4 CI 3.1 TH 3.2 NA 3.3 ST 3.4 CI 4.1 TH 4.2 NA 4.3 ST	TREET, TLE TREET, TLE TREET, TLE AME TREET, TLE AME	ADDRESS T-ZIP ADDRESS	Selached		☐ Change	☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP	TOLEDO OH 43604 D WEIKEL, M. KEITH ONE SEAGATE, 23RD FLOOR TOLEDO OH 43604 VPD O'BRIAN, WADE ONE SEAGATE TOLEDO OH 16	☐ DELETE	2.3 ST 2.4 Cl 3.1 TT 3.2 NA 3.3 ST 3.4 Cl 4.1 TTI 4.2 NA 4.3 ST 4.4 Cl	TREET IN THE THE THE THE THE TREET IN THE	ADDRESS T-ZIP ADDRESS	Selached		☐ Change	☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	TOLEDO OH 43604 D WEIKEL, M. KEITH ONE SEAGATE, 23RD FLOOR TOLEDO OH 43604 VPD O'BRIAN, WADE ONE SEAGATE TOLEDO OH 16 VP		2.3 ST 2.4 Cl 3.1 TT 3.2 NA 3.3 ST 3.4. Cl 4.1 TII 4.2 NA 4.3 ST 4.4 Cl 5.1 TI	TREET, TY-ST TLE AME TY-ST TLE AME TY-ST TY-ST TLE	ADDRESS T-ZIP ADDRESS	Selached		☐ Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	TOLEDO OH 43604 D WEIKEL, M. KEITH ONE SEAGATE, 23RD FLOOR TOLEDO OH 43604 VPD O'BRIAN, WADE ONE SEAGATE TOLEDO OH 16 VP ZIPPER, JEFFREY A	☐ DELETE	2.3 ST 2.4 CI 3.1 TT 3.2 NA 3.3 ST 3.4 CI 4.1 TTI 4.2 NA 4.3 ST 4.4 CI 5.1 TT 5.2 NA	TREET, TILE THE TITY-ST TILE THE TITY-ST TILE THE TY-ST TILE TY-ST TILE TY-ST TILE TY-ST TILE	ADDRESS T-ZIP ADDRESS	Selached		☐ Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	TOLEDO OH 43604 D WEIKEL, M. KEITH ONE SEAGATE, 23RD FLOOR TOLEDO OH 43604 VPD O'BRIAN, WADE ONE SEAGATE TOLEDO OH 16 VP ZIPPER, JEFFREY A ONE SEAGATE	☐ DELETE	2.3 ST 2.4 CI 3.1 TT 3.2 NA 3.3 ST 3.4 CI 4.1 TTI 4.2 NA 4.3 ST 4.4 CI 5.1 TT 5.2 NA 5.3 ST	TREET, TLE THE TREET, TLE THE TY-ST TLE TY-ST TLE TY-ST TLE THE TY-ST TLE THE TY-ST	ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS	Selached		☐ Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	TOLEDO OH 43604 D WEIKEL, M. KEITH ONE SEAGATE, 23RD FLOOR TOLEDO OH 43604 VPD O'BRIAN, WADE ONE SEAGATE TOLEDO OH 16 VP ZIPPER, JEFFREY A ONE SEAGATE TOLEDO OH 16	☐ DELETE	2.3 ST 2.4 CI 3.1 TT 3.2 NA 3.3 ST 3.4 CI 4.1 TTI 4.2 NA 4.3 ST 4.4 CI 5.1 TT 5.2 NA 5.3 ST	TY-ST-	ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS	Selached		☐ Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	TOLEDO OH 43604 D WEIKEL, M. KEITH ONE SEAGATE, 23RD FLOOR TOLEDO OH 43604 VPD O'BRIAN, WADE ONE SEAGATE TOLEDO OH 16 VP ZIPPER, JEFFREY A ONE SEAGATE TOLEDO OH 16 ASAT	☐ DELETE	2.3 ST 2.4 CI 3.1 TT 3.2 NA 3.3 ST 3.4 CI 4.1 TTI 4.2 NA 4.3 ST 4.4 CI 5.1 TT 5.2 NA 5.3 ST	IREET, ITY-ST TLE AME REET, ITY-ST TLE AME TY-ST TLE AME TY-ST TLE TY-ST TLE TY-ST	ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS	Selached		☐ Change	Addition Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	TOLEDO OH 43604 D WEIKEL, M. KEITH ONE SEAGATE, 23RD FLOOR TOLEDO OH 43604 VPD O'BRIAN, WADE ONE SEAGATE TOLEDO OH 16 VP ZIPPER, JEFFREY A ONE SEAGATE TOLEDO OH 16 ASAT GEHRICH, DAVID L	☐ DELETE	2.3 ST 2.4 CI 3.1 TT 3.2 NA 3.3 ST 3.4 CI 4.1 TTI 4.2 NA 4.3 ST 4.4 CC 5.1 TT 5.2 NA 5.3 ST 5.4 CI 6.1 TT 6.2 NA	IREET, ITY-STILE AME REET, ITY-STILE AME ITY-STILE AME ITY-STILE AME ITY-STILE AME ITY-STILE AME ITY-STILE AME	ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS	Selached		☐ Change	Addition Addition

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.

6.4 CITY-ST-ZIP

FILED

Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90136 048 ***150.00

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HEARTLAND PAIN AND REHABILIATION CENTERS, INC.

OFFICERS

Paul A. Ormond M. Keith Weikel

Geoffrey G. Meyers

R. Jeffrey Bixler John K. Graham William H. Kinschner

Barry A. Lazarus Spencer C. Moler

Wade O'Brian

John I. Remenar

Douglas G. Haag David L. Gehrich 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 Rehabilitation Services 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, Director of

Financial Services & Assistant Treasurer

Treasurer

Assistant Secretary & Assistant Treasurer

DIRECTORS

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

ADDRESS FOR ALL IS:

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