

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P96000045071**

1. Entity Name

**HCR PHYSICIAN MANAGEMENT SERVICES, INC.****FILED****Feb 01, 2000 8:00 am**  
**Secretary of State**

02-01-2000 90064 041 \*\*\*150.00

Principal Place of Business 234 ALEXANDER PALM ROAD BOCA RATON FL 33422	Mailing Address ONE SEAGATE ATTN TAX 21 TOLEDO OH 43604-1558 US
---	---

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	<b>58-2242001</b>	Applied For
		Not Applied For
5. Certificate of Status Desired	<input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEMS 1200 S PINE ISLAND RD PLANTATION FL 33324</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
---	---

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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ORMOND, PAUL A</b>	NAME	
STREET ADDRESS	<b>ONE SEAGATE, 23RD FLOOR</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>TOLEDO OH 43604</b>	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MEYERS, GEOFFREY G</b>	NAME	
STREET ADDRESS	<b>ONE SEAGATE, 23RD FLOOR</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>TOLEDO OH 43604</b>	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WEIKEL, M. KEITH</b>	NAME	
STREET ADDRESS	<b>ONE SEAGATE, 23RD FLOOR</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>TOLEDO OH 43604</b>	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ZIPPER, JEFFREY A MD</b>	NAME	
STREET ADDRESS	<b>ONE SEAGATE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>TOLEDO OH 16</b>	CITY-ST-ZIP	
TITLE	AVPD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>REMENAR, JOHN I</b>	NAME	
STREET ADDRESS	<b>ONE SEAGATE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>TOLEDO OH 16</b>	CITY-ST-ZIP	
TITLE	ASAT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GEHRICH, DAVID L</b>	NAME	
STREET ADDRESS	<b>ONE SEAGATE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>TOLEDO OH 16</b>	CITY-ST-ZIP	

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 #