20.01	UNIFORM	BUSINESS	REPORT	(UBR)
			-	• "

May 14, 2001 8:00 am Secretary of State DOCUMENT # **P96000045071** 05-14-2001 90203 019 ***150.00 HCR PHYSICIAN MANAGEMENT SERVICES, INC. Principal Place of Business Mailing Address 234 ALEXANDER PALM ROAD ONE SEAGATE BOCA RATON FL 33422 ATTN TAX 21 TOLEDO OH 43604-616 3. Mailing Address 2. Principal Place of Business 333 N. Summit St. DO NOT WRITE IN THIS SPACE Suite Apt. #, etc. Suite, Apt. #, etc. HH: TAX-5 _City & State Applied For City & State 4. FE! Number 58-2242001 10 ledo, OH Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired U5A 43604 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEMS Street Address (P.O. Box Number is Not Acceptable) 1200 S PINE ISLAND RD PLANTATION FL 33324 City Zio 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 whon reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change . 034 (10/00) TITLE TITLE ☐ Delete PCED NAME NAME ORMOND, PAUL A ORMOND, PAUL A-333 N. SUMMIT ST. STREET ADDRESS STREET ADDRESS ONE SEAGATE, 23RD FLOOR CITY-ST-7IP CITY-ST-ZIP TOLE So, DH 43624 **TOLEDO OH 43604** EVP CEOAS MEYERS GEOFFAREY G. ☐ Delete TITLE Change Change Addition TITLE NAME NAME MEYERS, GEOFFREY G STREET ADDRESS ONE SEAGATE, 23RD FLOOR STREET ADDRESS CITY-ST-ZIP CITY~ST-ZIP TOLEDO OH 43604 OH 43604 VP (00 **⊠** Change TITLE ☐ Delete TITLE weiker, n. KeitH NAME NAME WEIKEL, M. KEITH 333 N. Summit ST. STREET ADDRESS STREET ADDRESS ONE SEAGATE, 23RD FLOOR CITY-ST-7IP Toledg OH 43604 CITY-ST-ZIP TOLEDO OH 43604 Change ☐ Addition TITLE TITLE Delete NAME NAME ZIPPER, JEFFREY A MD STREET ADDRESS STREET ADDRESS ONE SEAGATE CITY-ST-ZIP CITY-ST-ZIP TOLEDO OH 16 VP DFS ASST. TRE. Addition TITLE **☑** Change ☐ Delete TITLE AVPD REMEHAR JOHN I. 333 N. SUMMIT ST. NAME REMENAR, JOHN 1 STREET ADDRESS STREET ADDRESS ONE SEAGATE CITY-ST-7IP CITY-ST-ZIP TOLELO OH 43604 TOLEDO OH 16 Asst. Sec. 45st TRE. NAME STREET ADDRESS CITY-ST-ZIP 13. 1 hereby certify that the information supplied with this filling 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. Change TITLE Addition TITLE

FILED

(419)252-5764

Altackment 764332 INC. # P96000045011

HCR PHYSICIAN MANAGEMENT SERVICES,

OFFICERS

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

R. Jeffrey Bixler Steven M. Cavanaugh

Nancy A. Edwards Larry R. Godla John K. Graham Jeffrey A. Grillo Douglas G. Haaq David C. Heberling William H. Kinschner

David B. Lanning Barry A. Lazarus Larry C. Lester Spencer C. Moler O. William Morrison Wade B. O'Brian

Richard W. Parades John I. Remenar

F. Joseph Schmitt Jo Ann Young Martin D. Allen

David L. Gehrich Kenneth Gelfarb Thomas R. Kile David K. Nees

Chairman, President & Chief Executive Officer Sr. Exec. Vice President & Chief Operating Officer Executive Vice President, Chief Financial Officer & Assistant Secretary

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

Development & Assistant Secretary

Vice President, General Manager, Central Division Vice President, Development & Construction

Vice President, Director of Rehabilitation Services Vice President, General Manager, Mid-Atlantic Div.

Vice President, Treasurer

Vice President, Employee Relations

Vice President, Director of Management Support Services

Vice President, Development Vice President, Director of Reimbursement

Vice President, General Manager, Midwest Division

Vice President, Controller & Assistant Secretary

Vice President, General Manager, Eastern Division Vice President, Director of Human Resources

and Labor Relations & Assistant Secretary

Vice President, General Manager, Mid-States Div. Vice President, Director of Financial Services

& Assistant Treasurer

Vice President, General Manager, Southern Division Vice President, General Manager of Assisted Living

Assistant Vice President, Director of Reimbursement Services

Assistant Secretary & Assistant Treasurer

Assistant Secretary Assistant Treasurer

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