2005 FOR PROFIT CORPORATION ANNUAL REPORT

May 02, 2005 8:00 am Secretary of State **DOCUMENT # P96000045071** 05-02-2005 90512 017 ***150.00 1. Entity Name HCR PHYSICIAN MANAGEMENT SERVICES, INC. Principal Place of Business Mailing Address **50045136** 234 ALEXANDER PALM ROAD 333 N SUMMIT ST BOCA RATON, FL 33422 ATTN TAX-5 TOLEDO, OH 43604 US 2. Principal Place of Business 3. Mailing Address Suite Apt # etc. Suite, Apt. #, etc. 03182005 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 58-2242001 Not Applicable Zio Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEMS Street Address (P.O. Box Number is Not Acceptable) 1200 S PINE ISLAND RD PLANTATION, FL 33324 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. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. PCEO Delete TITLE TITLE Change ☐ Addition ORMOND, PAUL A NAME NAME 333 N SUMMIT ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **TOLEDO, OH 43604** CITY-ST-ZIP **VCFO** ☐ Delete ☐ Change Addition MEYERS, GEOFFREY G NAME NAME STREET ADDRESS 333 N SUMMIT ST STREET ADDRESS CITY-ST-ZIP TOLEDO, OH 43604 CITY-ST-ZIP vcoo TITLE □ Delete TITLE ☐ Change Addition WEIKEL, M. KEITH NAME NAME STREET ADDRESS 333 N SUMMIT ST STREET ADDRESS TOLEDO, OH 43604 CITY-ST-ZIP CITY-ST-ZIP VΡ Delete TITLE Change ☐ Addition TITLE ZIPPER, JEFFREY A MD NAME NAME ONE SEAGATE STREET ADDRESS STREET ADDRESS TOLEDO, OH 16 CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition REMENAR, JOHN I NAME NAME STREET ADDRESS 333 N SUMMIT ST STREET ADDRESS CITY-ST-ZIP TOLEDO, OH 43604 CITY-ST-ZIP ASAT Defete V.P./Director of Tax ☐ Change Addition GEHRICH, DAVID L NAME NAME Kethryn 5. Hoofs 333 N. Summit St. STREET ADDRESS 333 N SUMMIT ST STREET ADDRESS

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

TOLEDO, OH 43604

04-25-05

Toledo, OH 4-3604

FILED

ATTACHMENT

HCR PHYSICIAN MANAGEMENT SERVICES, INC.

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 Kathryn S. Hoops William H. Kinschner

David B. Lanning Barry A. Lazarus Larry C. Lester

Spencer C. Moler James P. Pagoaga Richard W. Parades John I. Remenar

F. Joseph Schmitt Steven D. Spencer

Jo Ann Young Martin D. Allen

George Stanley

Matthew S. Kang Thomas R. Kile David K. Nees President & Chief Executive Officer

Sr. Exec. Vice President & Chief Operating Officer Executive Vice President, Chief Financial Officer, Treasurer & 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, General Manager, Eastern Division Vice President, General Manager, Mid-Atlantic Div.

Vice President, Director of Tax & Assistant Treasurer

Vice President, Director of Management Support Services

Vice President, Development

Vice President, Director of Reimbursement

Vice President of Marketing, General Manager, Midwest Division

Vice President, Controller & Assistant Secretary

Vice President, Rehabilitation Services

Vice President, General Manager, Mid-States Div.

Vice President, Director of Financial Services & Assistant Treasurer

Vice President, General Manager, Southern Division

Vice President, Director of Human Resources

& Assistant Secretary

Vice President, General Manager of Assisted Living

Assistant Vice President, Director of Internal Audit and Risk Management

Assistant Vice President, Director of Ancillary Services

Assistant Treasurer Assistant Treasurer

Associate General Counsel & Assistant Secretary

to.

DIRECTORS

R. Jeffrey Bixler

ADDRESS FOR ALL ABOVE IS:

333 N. Summit St. Toledo, Ohio 43604 Phone: (419) 252-5500