2007 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # P96000045071



FILED May 02, 2007 8:00 am Secretary of State

1. Entity Name HCR PHYSICIAN MANAGEMENT SERVICES, INC.									05-02-200	07 90081 0	42 ***15	0.00	
Principal Plac			Mailing Address						je v				
234 ALEXANDER PALM ROAD Boca Raton, Fl 33422			333 N SUMMIT ST Attn Tax-5 Toledo, oh 43604 us					 	1811 1811 1811 1811	B řil Bo lll Bl\$8 : D l!	il e e lile l eg e l 31 9	9 01 () (100)	
2. Principal P	lace of Busin	ness - No P.O. Box #	3. Mailing Address										
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				04202007	Chg-P	CR2E03	34 (12/06)			
City & State			City &			4. FEI Number 58-2242001				Applied For Not Applicable			
Zip		Country	Zip	Zip Coun			5. Certificate of Status Desire				\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent Name					gent		
C T CORPORATION SYSTEMS 1200 S PINE ISLAND RD PLANTATION, FL 33324						Street Address (P.O. Box Number is Not Acceptable)							
						City				FL	Zip Code	e	
 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. 												and accept	
SIGNATURE													
FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Fina Trust Fund Contribution.						ncing		00 May Be ed to Fees					
10.	DOEO	OFFICERS AND	· · · · · · · · · · · · · · · · · · ·				ſ	ADDITIONS	CHANGES TO OF	FICERS AND			
TITLE NAME	PCEO Delele ORMOND, PAUL A				TITUS						Change	☐ Addition	
STREET ADDRESS						ET ADDRESS							
CITY-SI-ZIP	TOLEDO, OH 43604					-ST-ZIP							
TITLE	VCFO Delete II						êv₽		C= 1 11 5		Change	☐ Addition	
NAME STREET ADDRESS	MEYERS, GEOFFREY G NAI 333 N SUMMIT ST STE					e Et address	>tc/	onen C.	Guillar anit Si	~e			
CITY-ST-ZIP						-ST-ZIP			H 4362				
TITLE	VCOO Delete III						VCE		1. T 300	7	Change	Addition	
NAME	WEIKEL, M. KEITH								Cavana mmie 3	15h	A Change		
STREET ADDRESS						et address	333	N. Su	mmie Si	٤,			
CITY-ST-ZIP		OH 43604			CITY	- ST- ZIP	10	lecto ,	OH 436	504			
TITLE NAME	VDAT	R, JOHN I		Defete	TITLE						Change	Addition	
STREET ADDRESS	333 N SU				NAM STRE	et address							
CITY-ST-ZIP						-SI-ZIP							
TITLE	VPD			☐ Delete	TITLE						Change	☐ Addition	
NAME	HOOPS, KATHRYN S										_ •	_	
STREET ADDRESS CITY-ST-ZIP	333 N SUMMIT ST STRE												
ITILE	TOLLEGO,	011 43004		□ Dates							<u> </u>	T Addition	
NAME				Delete	11TE						Change	Addition	
STREET ADDRESS						ET ADDRESS							
CITY+ST-ZIP						-ST-ZIP							
12. I hereby of indicated of the cor	certify that the on this repo	e information supplied with rt or supplemental report is he receiver or trustee empo	this filing do	oes not qualify to curate and that n	r the exe ny signa as requi	emptions of ture shall h	ontained ave the s	in Chapter 119 same legal effect), Florida Statutes at as if made unde	. I further certifier oath; that I ar	ly that the in	nformation or director	

changed, or on an attachment with an

ATTACHMEN

HCR PHYSICIAN MANAGEMENT

OFFICERS

Paul A. Ormond Stephen L. Guillard Steven M. Cavanaugh

Larry R. Godla Kathryn S. Hoops Matthew S. Kang David B. Lanning Barry A. Lazarus Spencer C. Moler James P. Pagoaga Richard A. Parr II John I. Remenar

Steven D. Spencer

Martin D. Allen

Thomas R. Kile David K. Nees

President & Chief Executive Officer

Executive Vice President, Chief Operating Officer

Vice President, Chief Financial Officer

& Assistant Secretary

Vice President, Development & Construction

Vice President, Director of Tax & Assistant Treasurer

Vice President, Treasurer Vice President, Development Vice President, Director of Reimbursement

Vice President, Controller & Assistant Secretary

Vice President, Rehabilitation Services Vice President, General Counsel & Secretary

Vice President, Director of Financial Services

& Assistant Treasurer

Vice President, Director of Human Resources

& Assistant Secretary

Assistant Vice President, Director of Internal Audit and Risk Management

Assistant Treasurer

Associate General Counsel & Assistant Secretary

DIRECTORS

Matthew S. Kang

ADDRESS FOR ALL ABOVE IS:

333 N. Summit St. Toledo, Ohio 43604

Phone: (419) 252-5500