2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000045071

Entity Name: HCR PHYSICIAN MANAGEMENT SERVICES, INC.

FILED Mar 30, 2009 Secretary of State

Current Principal Place of Business:			New Princi	New Principal Place of Business:		
234 ALEXANDER PALM ROAD BOCA RATON, FL 33422						
Current Mailing Address:			New Mailir	New Mailing Address:		
333 N SUMMIT ST ATTN TAX-5 TOLEDO, OH 43604 US						
FEI Number: 58-2242001 FEI Number Applied For () FEI Num			FEI Number Not Appli	nber Not Applicable () Certificate of Status Desired ()		
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
C T CORPORATION SYSTEMS 1200 S PINE ISLAND RD PLANTATION, FL 33324 US						
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:						
Electronic Signature of Registered Agent Date						
Election Campaign Financing Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PCEO () E ORMOND, PAUL 333 N SUMMIT S TOLEDO, OH 43	Т	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	EVP () E GUILLARD, STEF 333 N SUMMIT S TOLEDO, OH 43	Т	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	VCFO () E COVANDUGH, ST 333 N SUMMIT S TOLEDO, OH 43	Т	Title: Name: Address: City-St-Zip:	VCFO CAVANAUGH 333 N SUMM TOLEDO, OH	NT ST	
Title: Name: Address: City-St-Zip:	VDAT () E REMENAR, JOHN 333 N SUMMIT S TOLEDO, OH 43	Т	Title: Name: Address: City-St-Zip:		()Change ()Addition	
Title: Name: Address: City-St-Zip:	VPD () E HOOPS, KATHRY 333 N SUMMIT S TOLEDO, OH 43	Т	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	()[Delete	Title: Name: Address: City-St-Zip:	VPT KANG, MATT 333 N SUMM TOLEDO, OH	1IT ST	
I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.						

SIGNATURE: KATHRYN S HOOPS

Electronic Signature of Signing Officer or Director

Date

03/30/2009

VPD