

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 14, 1999 8:00 am
Secretary of State

03-14-1999 90043 006 ***158.75

DOCUMENT # F93000005322

1. Corporation Name

THE TIDEWATER HEALTHCARE SHARED SERVICES GROUP,
INC.

Principal Place of Business

148 WEST STATE STREET
SUITE 100
KENNETT SQUARE PA 19348

Mailing Address

148 WEST STATE STREET
SUITE 100
KENNETT SQUARE PA 19348
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/22/1993

4. FEI Number

23-2739587

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 101 East State Street

Suite, Apt. #, etc.

22

City & State

23 Kennett Square, PA

Zip

24 19348

25

USA

2a. Mailing Address

26 101 East State Street

Suite, Apt. #, etc.

27

City & State

28 Kennett Square, PA

Zip

29 19348

30

USA

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DCC ☐ DELETE
NAME WALKER, MICHAEL R
STREET ADDRESS 148 WEST SQUARE, SUITE 100
CITY-ST-ZIP KENNETT SQUARE PA

TITLE D ☐ DELETE
NAME HOWARD, RICHARD R
STREET ADDRESS 148 WEST STATE STREET, SUITE 100
CITY-ST-ZIP KENNETT SQUARE PA 19348

TITLE VC ☐ DELETE
NAME HAGER, GEORGE V JR
STREET ADDRESS 148 WEST STATE STREET, SUITE 100
CITY-ST-ZIP KENNETT SQUARE PA

TITLE T ☒ DELETE
NAME KUHNLE, KENNETH R
STREET ADDRESS 148 W STATE ST
CITY-ST-ZIP KENNETT SQUARE PA

TITLE S ☐ DELETE
NAME GUBERNICK, IRA C
STREET ADDRESS 148 WEST STATE STREET, SUITE 100
CITY-ST-ZIP KENNETT SQUARE PA 19348

TITLE P ☒ DELETE
NAME SIMPKINS, NORMAN
STREET ADDRESS 515 FAIRMONT AVE., STE. 800
CITY-ST-ZIP TOWSON MD

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 101 East State Street
1.4 CITY-ST-ZIP Kennett Square, PA 19348

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 101 East State Street
2.4 CITY-ST-ZIP

3.1 TITLE VP ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS 101 East State Street
3.4 CITY-ST-ZIP Kennett Square, PA 19348

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME Treasurer
4.3 STREET ADDRESS Barbara J. Hauswald
4.4 CITY-ST-ZIP 101 East State Street
Kennett Square, PA 19348

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS 101 East State Street
5.4 CITY-ST-ZIP

6.1 TITLE VP ☐ Change ☒ Addition
6.2 NAME James V. McKeon
6.3 STREET ADDRESS 101 East State Street
6.4 CITY-ST-ZIP Kennett Square, PA 19348

14. 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 annual report or supplemental annual 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 12 or Block 13 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 #

CR2E034 (11/98)