

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2002 8:00 am
Secretary of State

05-05-2002 90297 017 ***150.00

DOCUMENT # F93000005322

1. Entity Name
THE TIDEWATER HEALTHCARE SHARED SERVICES GROUP, INC.

Principal Place of Business 101 E. STATE ST. KENNETT SQUARE PA 19348	Mailing Address 101 E. STATE ST. KENNETT SQUARE PA 19348 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **23-2739587**

Applied For
 Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL 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.

SIGNATURE: [Signature]
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DCC	<input type="checkbox"/> Delete
NAME	WALKER, MICHAEL R.	
STREET ADDRESS	101 E. STATE ST.	
CITY-ST-ZIP	KENNETT SQUARE PA 19348	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOWARD, RICHARD R.	
STREET ADDRESS	101 E. STATE ST.	
CITY-ST-ZIP	KENNETT SQUARE PA 19348	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HAGER, GEORGE V JR.	
STREET ADDRESS	101 E. STATE ST.	
CITY-ST-ZIP	KENNETT SQUARE PA 19348	
TITLE	T	<input type="checkbox"/> Delete
NAME	HAUSWALD, BARBARA J	
STREET ADDRESS	101 E. STATE ST.	
CITY-ST-ZIP	KENNETT SQUARE PA 19348	
TITLE	S	<input type="checkbox"/> Delete
NAME	WANKMILLER, JAMES J	
STREET ADDRESS	101 E. STATE ST.	
CITY-ST-ZIP	KENNETT SQUARE PA 19348	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MCKEON, JAMES V	
STREET ADDRESS	101 E. STATE ST.	
CITY-ST-ZIP	KENNETT SQUARE PA 19348	

TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHN F.X. FUREY	
STREET ADDRESS	101 EAST STATE STREET	
CITY-ST-ZIP	KENNETT SQUARE, PA 19348	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] **JOHN F.X. FUREY** APR 17 2002 610-444-6350
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)