

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90074 012 ***150.00

DOCUMENT # P21141
 1. Entity Name
ARCADIA HEALTH SERVICES, INC.

Principal Place of Business 26777 CENTRAL PARK BLVD. SUITE 200 SOUTHFIELD MI 48076	Mailing Address 26777 CENTRAL PARK BLVD. SUITE 200 SOUTHFIELD MI 48076-4165
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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	
Zip	Country	Zip	Country

4. FEI Number 38-2186866	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324

7. Name and Address of New Registered Agent

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 _____ (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. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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		
TITLE C	<input checked="" type="checkbox"/> Delete	
NAME ROBERT N. ELKINS		
STREET ADDRESS 26777 CENTRAL PARK BLVD. #200		
CITY-ST-ZIP SOUTHFIELD MI 48076		
TITLE P	<input checked="" type="checkbox"/> Delete	
NAME LAWRENCE P. CIRKA		
STREET ADDRESS 26777 CENTRAL PARK BLVD.		
CITY-ST-ZIP SOUTHFIELD MI 48076		
TITLE VP	<input checked="" type="checkbox"/> Delete	
NAME JAMES BELLINSON		
STREET ADDRESS 26777 CENTRAL PARK BLVD.		
CITY-ST-ZIP SOUTHFIELD MI 48076		
TITLE	<input type="checkbox"/> Delete	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE <i>Director and CEO</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME <i>W. Andrew Wright</i>		
STREET ADDRESS <i>2401 S. Plum Grove Road</i>		
CITY-ST-ZIP <i>Palatine, IL 60067</i>		
TITLE <i>Director and COO</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <i>Mark S. Heaney</i>		
STREET ADDRESS <i>2401 S. Plum Grove Road</i>		
CITY-ST-ZIP <i>Palatine, IL 60067</i>		
TITLE <i>President</i>	<input checked="" 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: _____ **3/9/00** **(248) 352-7530**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #