

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90252 037 ***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**

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

Not Applicable

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

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	WRIGHT, W. ANDREW	
STREET ADDRESS	2401 S PLUM GROVE ROAD	
CITY-ST-ZIP	PALATINE IL 60067	
TITLE	DCEO	<input type="checkbox"/> Delete
NAME	HEANEY, MARK S	
STREET ADDRESS	2401 S PLUM GROVE ROAD	
CITY-ST-ZIP	PALATINE IL 60067	
TITLE	TCFO	<input checked="" type="checkbox"/> Delete
NAME	FORD, RON	
STREET ADDRESS	2401 S. PLUM GROVE RD	
CITY-ST-ZIP	PALATINE IL 60067	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SPARLING, CATHY	
STREET ADDRESS	26777 CENTRAL PARK BLVE STE.,#200	
CITY-ST-ZIP	SOUTHFIELD MI 48076	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WRIGHT, ELAINE	
STREET ADDRESS	2401 S. PLUM GROVE RD	
CITY-ST-ZIP	PALATINE IL 60067	
TITLE		<input type="checkbox"/> Delete
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		
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		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Cathy Sparring

SIGNATURE REQUIRED CATHY SPARRING 2/12/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/02)