


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

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

04-14-1999 90043 042 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 829863

1. Corporation Name
OWEN HEALTHCARE, INC.

Principal Place of Business

**9800 CENTRE PKWY #1100
HOUSTON TX 77036
US**

Mailing Address

**5555 GLENDON COURT
DUBLIN OH 43016
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/06/1973

4. FEI Number

75-1329577

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 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 **25**

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 **30**

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HOYS STREET
TALLAHASSEE FL 32301**

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SVPD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JONES, DONALD M	1.2 NAME	GLENN L MARTIN
STREET ADDRESS	9800 CENTRE PKWY #1100	1.3 STREET ADDRESS	5555 GLENDON CT
CITY-ST-ZIP	HOUSTON, TX 00000	1.4 CITY-ST-ZIP	DUBLIN OH 43016
TITLE	C <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KANE, JOHN C	2.2 NAME	
STREET ADDRESS	5555 GLENDON CT	2.3 STREET ADDRESS	
CITY-ST-ZIP	CUBLIN OH 43016	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WINSTEAD, DWIGHT	3.2 NAME	P
STREET ADDRESS	9800 CENTRE PARKWAY, STE 1100	3.3 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX 77036	3.4 CITY-ST-ZIP	
TITLE	SVP <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARLETT, MARJORIE A	4.2 NAME	V
STREET ADDRESS	9800 CENTRE PKWY #1100	4.3 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON, TX 00000	4.4 CITY-ST-ZIP	
TITLE	VP <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEARMAN, DAVID	5.2 NAME	
STREET ADDRESS	5555 GLENDON CT	5.3 STREET ADDRESS	
CITY-ST-ZIP	DUBLIN OH 43011	5.4 CITY-ST-ZIP	
TITLE	SVP <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLORANCE, STANLEY H.	6.2 NAME	V
STREET ADDRESS	7923 OAKINGTON DR.	6.3 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX	6.4 CITY-ST-ZIP	

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

GLENN L MARTIN VP, TAXES

Date

Daytime Phone #

1-8-99 604/717-5002