

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 829863

1. Entity Name

OWEN HEALTHCARE, INC.

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90087 049 ***150.00

Principal Place of Business
CENTRE PKWY #1100
TX 77036

Mailing Address
5555 GLENDON COURT
DUBLIN OH 43016-3249
US

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
7000 Cardinal Place
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Dublin, OH

Zip
43017

Country
U.S.A

4. FEI Number 75-1329577

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HOYS STREET
TALLAHASSEE FL 32301

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

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.
(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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
V	MARTIN, GLEN L	5555 GLENDON CT.	DUBLIN OH 43016	<input type="checkbox"/>
C	KANE, JOHN C	5555 GLENDON CT	CUBLIN OH 43016	<input type="checkbox"/>
P	WINSTEAD, DWIGHT	9800 CENTRE PARKWAY, STE 1100	HOUSTON TX 77036	<input type="checkbox"/>
V	MARLETT, MARJORIE A	9800 CENTRE PKWY #1100	HOUSTON TX 0000	<input type="checkbox"/>
V	FLORANCE, STANLEY H.	7923 OAKINGTON DR.	HOUSTON TX 0000	<input checked="" type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	Glenn L. Martin	7000 Cardinal Place	Dublin, OH 43017	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		7000 Cardinal Place	Dublin, OH 43017	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/00

Date

614-757-5000

Daytime Phone #