2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90371 038 ***150.00

DOCUMENT # 829863

1. Entity Name
OWEN HEALTHCARE, INC.

Principal Place of Business	Mailing Address
9800 CENTRE PKWY #1100 HOUSTON TX 77036 US	7000 CARDINAL PLACE DUBLIN OH 43017 US

00015012

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 75-1329577 — Applied For / Not Applicable

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
CORPORATION SERVICE COMPANY 1201 HOYS STREET TALLAHASSEE FL 32301	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, 2001 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	V ☐ Delete	TITLE	Director ☐ Change ☑ Addition
NAME	MARTIN, GLEN L	NAME	Miller, Richard J.
STREET ADDRESS	7000 CARDINAL PLACE	STREET ADDRESS	7000 Cardinal Place
CITY-ST-ZIP	DUBLIN OH 43017	CITY-ST-ZIP	Dublin, OH 43017
TITLE	C ☑ Delete	TITLE	Treasurer ☐ Change ☑ Addition
NAME	KANE, JOHN C	NAME	Brandin, Donna
STREET ADDRESS	7000 CARDINAL PLAVE	STREET ADDRESS	7000 Cardinal Place
CITY-ST-ZIP	DUBLIN OH 43017	CITY-ST-ZIP	Dublin, OH 43017
TITLE	P ☐ Delete	TITLE	Vice Chairman ☐ Change ☑ Addition
NAME	WINSTEAD, DWIGHT	NAME	James F. Millar
STREET ADDRESS	9800 CENTRE PARKWAY, STE 1100	STREET ADDRESS	7000 Cardinal Place
CITY-ST-ZIP	HOUSTON TX 77036	CITY-ST-ZIP	Dublin, OH 43017
TITLE	V ☑ Delete	TITLE	☐ Change ☐ Addition
NAME	MARLETT, MARJORIE A	NAME	
STREET ADDRESS	9800 CENTRE PKWY #1100	STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX 0000	CITY-ST-ZIP	
TITLE	V ☑ Delete	TITLE	☐ Change ☐ Addition
NAME	FLORANCE, STANLEY H.	NAME	
STREET ADDRESS	7923 OAKINGTON DR.	STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX 0000	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: _____ Glenn L. Martin 1-15-01 614-757-5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #