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FILED
May 09 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 849269

(6)

1. Corporation Name

JOERNS HEALTHCARE, INC.

Principal Place of Business

6001 JOERNS DR.
STEVENS POINT WI 54481-5040

Mailing Address

2382 FARADAY AVE
#200
CARLSBAD CA 92008-7220
US

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

3. Date Incorporated or Qualified

05/28/1981

3a. Date of Last Report

05/01/1996

4. FEI Number

39-1343006

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
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

TITLE C ☐ DELETE

NAME CHANDLER, RICHARD
STREET ADDRESS 2382 FARADAY AVE., STE. 200
CITY-ST-ZIP CARLSBAD CA 92008

TITLE P ☐ DELETE

NAME MCCARTHY, DENNIS
STREET ADDRESS 5001 JOERNS DR.
CITY-ST-ZIP STEVENS POINT WI 54481

TITLE VP ☐ DELETE

NAME WYKLE, STEPHEN
STREET ADDRESS 5001 JOERNS DR.
CITY-ST-ZIP STEVENS POINT WI 54481

TITLE D ☐ DELETE

NAME O'DONNELL, THOMAS H.
STREET ADDRESS 2382 FARADAY AVE SUITE 200
CITY-ST-ZIP CARLSBAD CA

TITLE DTAS ☐ DELETE

NAME TARBET, TED N
STREET ADDRESS 2382 FARADAY AVE SUITE 200
CITY-ST-ZIP CARLSBAD CA

TITLE AS ☐ DELETE

NAME SINASOHN, SAM
STREET ADDRESS 2382 FARADAY AVE SUITE 200
CITY-ST-ZIP CARLSBAD CA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 in an attachment with an address.

SIGNATURE

[Signature]

4-23-97

812-220-1500

CR2E034 (9/96)