

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000002819

1. Entity Name
KANAWHA HEALTHCARE SOLUTIONS, INC.



FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90141 029 ***150.00

Principal Place of Business
4363 NORTH OCOEE ST
STE 1
CLEVELAND TN 37312

Mailing Address
ADMINISTRATIVE ADDRESS
210 SOUTH WHITE ST
LANCASTER SC 29720



2. Principal Place of Business
4363 North Ocoee St.
Suite, Apt. #, etc.
Suite 1
City & State
Cleveland, TN 37312
Zip Country

3. Mailing Address
Administrative Address:
Suite, Apt. #, etc.
210 South White Street
City & State
Lancaster, SC 29720
Zip Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 62-1245230
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent
Name CT Corporation System
Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Rd.
City Plantation FL Zip Code 33324

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 _____ (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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS HIGGINS, LARRY W 210 SOUTH WHITE STREET LANCASTER SC 29720	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VAUGHAN, R. DALE 210 SOUTH WHITE STREET LANCASTER SC 29721-0610	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT MATTHEWS, ROBERT E 210 SOUTH WHITE STREET LANCASTER SC 29721-0610	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MACEWEN, SCOTT D 210 SOUTH WHITE STREET LANCASTER SC 29721-0610	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairman of the Board Stanley Johnson 210 South White Street, Lancaster, SC	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Senior VP & Chief Actuary Norman Hill 210 South White Street, Lancaster, SC	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Larry W Higgins*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/03 800-635-4252
Date Daytime Phone #

CR2E034 (10/02)