2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

ADMINISTRATIVE ADDRESS

210 SOUTH WHETE ST

F00000002819 **DOCUMENT #**

1. Entity Name

STE 1

Principal Place of Business 4363 NORTH OCCEE ST

SIGNATURE:

KANAWHA HEALTHCARE SOLUTIONS, INC.



FILED Mar 10, 2003 8:00 am Secretary of State 03-10-2003 90141 029 ***150.00

800-635-4252

Daytime Phone #

2/11/03

CLEVELAND TN 37312 LANCASTER SC 29720						. i									
2. Principal Place of Business 4363 North Ocoee St.				3. Mailing Address Administrative Address:					4 LÓBEILDO FINE BOITH CONTI SAI	HH 1834 8 9 341 89	III Barib 111	HBI (1818) 44	010 HOHE (061		
Suite, Apt. #, etc.				Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES						
Suite 1 210 South Whi City & State City & State						te Street			4. FEI Number CO 404E000 Applied For						
	eland,		ncaster,	SC 29	29720		٠,	62-12452	230			Applicable	1 1		
Zip	<u> </u>	TN 37312 Country	Zip	,	Cou			5. C	ertificate of Status Desir	red 🗀		75 Add Required			
				7. Na	ame and Address of N	ew Register	ed Agen	t							
						Name CT Corporation System									
C T CORPORATION SYSTEM						Street Address (P.O. Box Number is Not Acceptable)									
1200 SOUTH PINE ISLAND ROAD															
PLANTATION FL 33324						. 1200 South Pine Island Rd.									
						City Plantation FL					7	Zip Code 33324			
						1			Florida I am familiar with and accent						
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.															
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SIGNATURE .			144-11		OTE: Decrete	nd Agent signatu	an manufactur	-beo rein	Printer)	· DA	ıF.			ì	
	Signature, typed	t or printed name of registered agent a	патав в врря	cacie. (rv	OTE: Hegiszer	BO ADOR BUSIN	ing required w	ALIMON I TEXA						1	
		I! FEE IS \$150.00							9. Election Campaig	n Financing		\$5.00	D May Be		
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State						,			Trust Fund Contril	bution.			to Fees		
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CITY-ST-ZIP						(-ST-ZIP			(A. 07/0/1) Fr 1 / 5	11 -1					
12. I hereby of indicated of the corp changed,	pertify that the on this repo poration or to or on an att	e information supplied with rt or supplemental report is he receive/ or trustee empo achment with an address, y	this filing of true and a wered to e rith all other	does not qualify courate and that xecute this report like empowere	for the exe it my signa ort as requ ed.	emption stati iture shall ha ired by Chai	ed in Secl ave the sa pter 607, I	tion 11 ame fe Florida	19.07(3)(i), Florida Statu gat effect as if made un a Statutes; and that my i	tes. I turther der oath; tha name appea	certify thing the certification of the certific the certification that certification the certification the certific the certification the certific t	at the int officer o ik 10 or t	rormation or director Block 11 if		