

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 13, 2008 8:00 am
Secretary of State

03-13-2008 90044 004 ***150.00

DOCUMENT # F05000006177

1. Entity Name

THE SCOTTCARE CORPORATION



Principal Place of Business

28800 CLEMENS ROAD
WESTLAKE OH 44145

Mailing Address

28800 CLEMENS ROAD
WESTLAKE OH 44145

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **34-1652262**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/07)



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 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	DP	<input type="checkbox"/> Delete
NAME	SEMELSBERGER, KENNETH J	
STREET ADDRESS	28800 CLEMENS ROAD	
CITY-ST-ZIP	WESTLAKE OH 44145	
TITLE	DVPS	<input type="checkbox"/> Delete
NAME	SCANLON, PATRICIA M	
STREET ADDRESS	28800 CLEMENS ROAD	
CITY-ST-ZIP	WESTLAKE OH 44145	
TITLE	DVPT	<input type="checkbox"/> Delete
NAME	STEPHANS, WILLIAM W.T.	
STREET ADDRESS	28800 CLEMENS ROAD	
CITY-ST-ZIP	WESTLAKE OH 44145	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ZAJACZKOWSKI, KEN	
STREET ADDRESS	28800 CLEMENS ROAD	
CITY-ST-ZIP	WESTLAKE OH 44145	
TITLE	AT	<input type="checkbox"/> Delete
NAME	GRETTE, JOHN W	
STREET ADDRESS	28800 CLEMENS RD	
CITY-ST-ZIP	WESTLAKE OH 44145	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

John W. Greta

JOHN W. GRETTA

2/24/08

440-892-3000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ATTACHMENT

THE SCOTTCARE CORPORATION

DOCUMENT # F05000006177

40045083

ADDITIONS TO OFFICERS AND DIRECTORS IN 11

TITLE	AS
NAME	Judy A. Fox
STREET ADDRESS	28800 Clemens Road
CITY-ST-ZIP	Westlake, Ohio 44145

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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