

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F50650

1. Entity Name

COUNTRYSIDE HEALTH SERVICES, INC.

FILED
Jun 05, 2000 8:00 am
Secretary of State

06-05-2000 90022 035 ***150.00

Principal Place of Business

Mailing Address

1801 N. BELCHER ROAD, SUITE B
CLEARWATER FL 33765
US

5770 ROOSEVELT BLVD.
SUITE 700
CLEARWATER FL 33765

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 **59-2126750**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION
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.

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, 2000 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 **P** ☐ Delete
NAME **CARMICHAEL, SUSAN J**
STREET ADDRESS **5770 ROOSEVELT BLVD, SUITE 700**
CITY-ST-ZIP **CLEARWATER FL 33760**

TITLE **S** ☐ Change ☒ Addition
NAME **Traber, Martin A., Esq.**
STREET ADDRESS **c/o Foley & Lardner, 100 N. Tampa Street**
CITY-ST-ZIP **Suite, 2700, Tampa, FL 33602**

TITLE **CD** ☐ Delete
NAME **CHEMA, THOMAS V**
STREET ADDRESS **1100 HUNTINGTON BLDG.**
CITY-ST-ZIP **CLEVELAND OH 44115**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **OSBORNE, RICHARD M SR**
STREET ADDRESS **8500 STATION STREET, #100**
CITY-ST-ZIP **MENTOR OH 44060**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **GORMAN, J. MICHAEL**
STREET ADDRESS **1109 SOUT MAIN STREET**
CITY-ST-ZIP **LANDIS NC 27615**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **SMITH, THOMAS J**
STREET ADDRESS **8500 STATION STREET #100**
CITY-ST-ZIP **MENTOR OH 44060**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **TANEJA, JUGAL K**
STREET ADDRESS **6950 BRYAN DAIRY ROAD**
CITY-ST-ZIP **LARGO FL 33777**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2F034 (9/99)