

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F50650

1. Entity Name

COUNTRYSIDE HEALTH SERVICES, INC.

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90148 003 ***150.00

Principal Place of Business

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

Mailing Address

5770 ROOSEVELT BLVD.
SUITE 700
CLEARWATER FL 33765

80044948



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

5025 W. LEMON ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

TAMPA, FL

4. FEI Number

59-2126750

Applied For

Not Applicable

Zip

Country

Zip

Country

33609

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

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

CAREY, MICHAEL R.

Street Address (P.O. Box Number is Not Acceptable)

712 SOUTH OREGON AVENUE

City

TAMPA

FL

Zip Code

33606

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

Michael R. Carey

MICHAEL R. CAREY

4/27/01

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, 2001 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
NAME CARMICHAEL, SUSAN J
STREET ADDRESS 5770 ROOSEVELT BLVD, SUITE 700
CITY-ST-ZIP CLEARWATER FL 33760 ☐ Delete

TITLE
NAME
STREET ADDRESS 5025 W. LEMON ST.
CITY-ST-ZIP TAMPA, FL 33609 ☒ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS 925 EUCLID AVE., SUITE 1100
CITY-ST-ZIP CLEVELAND, OH 44115 ☒ Change ☐ Addition

TITLE S
NAME TRABER, MARTIN-A ESQ
STREET ADDRESS 100 N. TAMPA ST, STE 2700
CITY-ST-ZIP TAMPA FL 33602 ☒ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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

Susan J. Carmichael, President

Date

4/27/01

Daytime Phone

722-524-3227

CR2E034 (10/00)