

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Apr 10, 2000 8:00 am**  
**Secretary of State**

04-10-2000 90004 012 \*\*\*150.00

**DOCUMENT # F94000006336**

1. Entity Name

**SOLEUS HEALTHCARE SERVICES OF SHORELINE FLORIDA,**

Principal Place of Business

Mailing Address

2650 N. MILITARY TRAIL  
SUITE 240  
BOCA RATON FL 334312714 UNION AVE. EXTD.  
MEMPHIS TN 38112**C0055089**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4800 Linton Blvd

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

E-309

City &amp; State

Delray Beach, FL

City &amp; State

Zip

33445

Country

USA

Zip

Country

4. FEI Number

52-1906010

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

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

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Delete
PD	ELKINS, ROBERT N	10065 RED RUN BLVD.	OWINGS MILLS MD 21117	<input checked="" type="checkbox"/>
SD	LEVIN, MARC B	10065 RED RUN BLVD.	OWINGS MILLS MD 21117	<input checked="" type="checkbox"/>
VD	ELKINS, MARSHALL-A	10065 RED RUN BLVD.	OWINGS MILLS MD 21117	<input checked="" type="checkbox"/>
DCEO	WINTERS, STEPHEN H	2714 UNION AVE. EXTD.	MEMPHIS TN 38112	<input checked="" type="checkbox"/>
P	KOCH, JOHN	2714 UNION AVE. EXTD.	MEMPHIS TN 38112	<input checked="" type="checkbox"/>
S	BOLING, MICHAEL J	2714 UNION AVE. EXTD.	MEMPHIS TN 38112	<input checked="" type="checkbox"/>

12. P/D ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Change	Addition
	Stephen H. Winters	2714 Union Avenue Extd.	Memphis, TN 38112	<input type="checkbox"/>	<input type="checkbox"/>
S	Paul S. Winters	2714 Union Avenue Extd.	Memphis, TN 38112	<input type="checkbox"/>	<input type="checkbox"/>
Assistant Secretary	Linda M. Hooper	2714 Union Avenue Extd.	Memphis, TN 38112	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

Paul S. Winters, Secretary 3/29/0 901-454-243

Date

Daytime Phone #

A Hach.  
C0055089  
# F940000006336

SOLEUS HEALTHCARE SERVICES OF SHORELINE FLORIDA, INC.

ADDITIONAL DIRECTORS:

Alexander J. Hoinsky  
600 W. Germantown Pike, Suite 400  
Plymouth Meeting, PA 19462

John C. Miller  
2714 Union Avenue Extd.  
Memphis, TN 38112-4415

Gerard J. Leimkuhler  
2714 Union Avenue Extd.  
Memphis, TN 38112-4415