

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 14, 2001 8:00 am
Secretary of State
 09-14-2001 90009 039 ***550.00

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DOCUMENT # F94000006336

1. Entity Name

SOLEUS HEALTHCARE SERVICES OF SHORELINE FLORIDA,

Principal Place of Business

**4800 LINTON BLVD
 E-309
 DELRAY BEACH FL 33445**

Mailing Address

**2714 UNION AVE. EXT.D.
 MEMPHIS TN 38112**

2. Principal Place of Business

5049 Okeechobee Rd #10

3. Mailing Address

Suite, Apt. #, etc.

City & State

West Palm Beach, FL

City & State

Zip

33417

Country

Palm Beach

Country

4. FEI Number

52-1906010

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

**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 \$550.00
 After September 12, 2001 Fee will be \$750.00
 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	PD	<input type="checkbox"/> Delete
NAME	WINTERS, STEPHEN H	
STREET ADDRESS	2714 UNION AVE EXT.D.	
CITY-ST-ZIP	MEMPHIS TN 38112	
TITLE	S	<input type="checkbox"/> Delete
NAME	WINTERS, PAUL S	
STREET ADDRESS	2714 UNION AVE EXT.D.	
CITY-ST-ZIP	MEMPHIS TN 38112	
TITLE	AS	<input type="checkbox"/> Delete
NAME	HOOPER, LINDA M	
STREET ADDRESS	2714 UNION AVE EXT.D.	
CITY-ST-ZIP	MEMPHIS TN 38112	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Acting CEO/ Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gerard J. Leinkuhler	
STREET ADDRESS	2714 Union Avenue Extd.	
CITY-ST-ZIP	Memphis, TN 38112	
TITLE	Acting Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gary Murphey	
STREET ADDRESS	2714 Union Avenue Extd.	
CITY-ST-ZIP	Memphis, TN 38112	
TITLE	Assistant Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Elizabeth Holloway	
STREET ADDRESS	2714 Union Avenue Extd.	
CITY-ST-ZIP	Memphis, TN 38112	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Alexander J. Hoinsky	
STREET ADDRESS	2714 Union Avenue Extd.	
CITY-ST-ZIP	Memphis, TN 38112	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ronald Lusk	
STREET ADDRESS	2714 Union Avenue Extd.	
CITY-ST-ZIP	Memphis, TN 38112	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Elizabeth Holloway 9/6/01 901-454-2484
 Date Daytime Phone #

CP2E034 (5/01)