

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90646 006 ***150.00

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1. Entity Name
RICHARDS HEALTHCARE, INC.



Principal Place of Business

**333 N SUMMIT ST
TOLEDO, OH 43699**

Mailing Address

**333 N SUMMIT ST
TOLEDO, OH 43699**

DO NOT WRITE IN THIS SPACE



01072004 No Chg-P CR2E034 (10/03)

4. FEI Number
76-0339241

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**

**DO NOT WRITE
IN THIS SPACE**

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
RICHARDS, RICK R
333 N SUMMIT ST
TOLEDO, OH 43604**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VCOO
WEIKEL, M K
333 N SUMMIT ST
TOLEDO, OH 43604**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VCFS
MEYERS, GEOFFREY G
333 N SUMMIT ST
TOLEDO, OH 43604**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPDS
O'BRIAN, WADE B
333 N SUMMIT ST
TOLEDO, OH 43604**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPDR
LAZARUS, BARRY A
333 N SUMMIT ST
TOLEDO, OH 43604**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-01-04 (419) 252-5764
Date Daytime Phone #