

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90738 044 ***150.00

DOCUMENT # *F95000001678*

1. Entity Name

RICHARDS HEALTHCARE, INC.



DO NOT WRITE IN THIS SPACE

90122907

2. Principal Place of Business
333 North Summit St

3. Mailing Address
333 North Summit St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Toledo, OH

City & State
Toledo, OH

4. FEI Number 76-0339241

Applied For
Not Applicable

Zip
43699-0086

Country

Zip
43699-0086

Country

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name CT Corporation System

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

1200 South Pine Island Rd

City Plantation

FL

Zip Code
33324

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

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

President
Rick R. Richards.
333 North Summit St.
Toledo, OH 43604

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

VCOO
Weikel M K
333 North Summit St.
Toledo, OH 43604

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

VCFS
Meyers Geoffrey G
333 North Summit St.
Toledo, OH 43604

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

VPDS
O'Brian, Wade B
333 North Summit St.
Toledo, OH 43604

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

VPDR
Lazarus, Barry A
333 North Summit St.
Toledo, OH 43604

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/22/03

Date

(419) 252-5764

Daytime Phone #

CR2E034B (12/02)