

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 11, 2001 8:00 am
Secretary of State

05-11-2001 90009 036 ***150.00

DOCUMENT # F95000005828

1. Entity Name

EAGLE MANAGED CARE CORP.

Principal Place of Business

Mailing Address

**PO BOX 3165
HARRISBURG PA 17105**

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HARRISBURG PA 17105**

2. Principal Place of Business

3. Mailing Address

C/O TAX DEPT.

Suite, Apt. #, etc.

P.O. BOX 3165

City & State

HARRISBURG, PA

Zip

17105

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **25-1724201**

Applied For

Not Applicable

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

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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, 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	<input checked="" type="checkbox"/> Delete
NAME	KIBLER, CHARLES	
STREET ADDRESS	30 HUNTER LN	
CITY-ST-ZIP	CAMP HILL PA 17011	
TITLE	VD	<input type="checkbox"/> Delete
NAME	KRAHULEC, JAMES	
STREET ADDRESS	30 HUNTER LN	
CITY-ST-ZIP	CAMP HILL PA 17011	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	I-LAWRENCE GELMAN	
STREET ADDRESS	30 HUNTER LANE	
CITY-ST-ZIP	CAMP HILL PA 17011	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	JOSEPH SPEAKER	
STREET ADDRESS	30 HUNTER LANE	
CITY-ST-ZIP	CAMP HILL PA 17011	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ELLIOT GERSON	
STREET ADDRESS	30 HUNTER LN	
CITY-ST-ZIP	CAMP HILL PA 17011	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVID R. JESSICK	
STREET ADDRESS	30 HUNTER LANE	
CITY-ST-ZIP	CAMP HILL, PA 17011	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRAHULEC, JAMES	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S/V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERT B. SARI	
STREET ADDRESS	30 HUNTER LANE	
CITY-ST-ZIP	CAMP HILL, PA 17011	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GLENN GERSHENSON	
STREET ADDRESS	30 HUNTER LANE	
CITY-ST-ZIP	CAMP HILL, PA 17011	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VLADIMIR RAICEVIC	
STREET ADDRESS	30 HUNTER LANE	
CITY-ST-ZIP	CAMP HILL, PA 17011	

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:

Vladimir Raicevic

VLADIMIR RAICEVIC

4/18/01

(717) 761-2633

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)