

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2002 8:00 am
Secretary of State

05-17-2002 90016 042 ***150.00

DOCUMENT # F95000005828

1. Entity Name

EAGLE MANAGED CARE CORP.

Principal Place of Business

**PO BOX 3165
HARRISBURG PA 17105**

Mailing Address

**PO BOX 3165
C/O TAX DEPT.
HARRISBURG PA 17105**

2. Principal Place of Business

30 HUNTER LANE

3. Mailing Address

Suite, Apt. #, etc.

City & State

CAMP HILL PA

City & State

Zip

17011

Country

Zip

Country

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

**CT 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, 2002 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	PD	<input type="checkbox"/> Delete
NAME	JESSICK, DAVID R	
STREET ADDRESS	30 HUNTER LN	
CITY-ST-ZIP	CAMP HILL PA 17011	
TITLE	V	<input type="checkbox"/> Delete
NAME	KRAHULEC, JAMES	
STREET ADDRESS	30 HUNTER LN	
CITY-ST-ZIP	CAMP HILL PA 17011	
TITLE	SVD	<input type="checkbox"/> Delete
NAME	SARI, ROBERT B	
STREET ADDRESS	30 HUNTER LANE	
CITY-ST-ZIP	CAMP HILL PA 17011	
TITLE	T	<input type="checkbox"/> Delete
NAME	GERSHENSON, GLENN	
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	V	<input type="checkbox"/> Delete
NAME	RAICEVIC, VLADIMIR	
STREET ADDRESS	30 HUNTER LANE	
CITY-ST-ZIP	CAMP HILL PA 17011	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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.

VLADIMIR RAICEVIC

SIGNATURE: X *Vladimir Raicevic* **REQUIRED Vice President - Tax**

4/17/02

(717) 761-2633

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)