2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jul 06, 2000 8:00 am Secretary of State

SCI HEALTHCARE GROUP, INCORPORATED Principal Place of Business 8 RIVER HILLS LANE 8 RIVER HILLS LANE 10LEDO, OH 43623 USA 2. Principal Place of Business Suite, Apt. #, etc. City & State Cit	DOCUN 1. Entity Nam	MENT # F9600000	501	<u> </u>		Secretar	y of State	
Principal Place of Business						07-00-2000 90	330.00	
8 RIVER HILLS LANE TOLEDO, OH 43623 USA 2. Principal Place of Business Sulfe, Apt. #, etc. Sulfe, Apt. #, etc. Sulfe, Apt. #, etc. City & State City &)				
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Suite, Apt. #, etc. City & State City & St	TOLEDO,		TOLEDO, OH			3000	# 4 0 1 # 4 10 1	
City & State Country Country Signature 6. Name and Address of Current Registered Agent Name THOMAS S. ROHRER 8510 EGRET LAKES LANE WEST PALM BEACH, FL 33412 City City	2. Principal P	lace of Business	3. Mailing Address	" :	-			
Zip Country Zip Country S. Certificate of Status Desired	Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
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SIGNATURE ### Address of Current Registered Agent THOMAS S. ROHRER 8510 EGRET LAKES LANE #### WEST PALM BEACH, FL 33412 City FL Zip*Code	Zip	Country	Zip	Country			\$8.75 Additional	
THOMAS S. ROHRER 8510 EGRET LAKES LANE WEST PALM BEACH, FL 33412 City FL Zip Code 6. 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 of printed name of registered agent and title if applicable. 9. This corporation is eligible to satisfy its intangible Tax fling requirement and elects to do so. (See criteria on back) 11. OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. THE WIND Delete TITLE THE WIND DELECTION DELECTION STREET ADDRESS AND DIRECTORS IN 11. THE WIND DELECTION DELECTION STREET ADDRESS SAY A LAKEWOOD DRIVE STREET ADDRESS STREET ADDRESS SAY A LAKEWOOD DRIVE STREET ADDRESS STREET ADDRESS SAY STREET ADDRESS STREET AD		6. Name and Address of Current I	Registered Agent		7. Nan	ne and Address of New Registe	· · · · · · · · · · · · · · · · · · ·	
8510 EGRET LAKES LANE WEST PALM BEACH, FL 33412 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 ### City FL Zip Code 1. City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. **REST DEBUT** Signature, hyper or primed name of registered agent and other if upplicable (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) 10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees will be \$550.09. Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 MILE NAME MICHAEL D. NASH MICHAEL D. NASH MICHAEL D. NASH MICHAEL D. NASH MILE VD MAIS RETIFIADRESS CITY. ST. ZIP TITLE VD MAIS RETIFIADRESS STREET ADDRESS CITY. ST. ZIP DAVID R. CUDNOHUFSKY STREET ADDRESS CITY. ST. ZIP Debte TITLE DAVID R. CUDNOHUFSKY STREET ADDRESS CITY. ST. ZIP TITLE DAVID R. CUDNOHUFSKY STREET ADDRESS CITY. ST. ZIP Debte TITLE DAVID R. CUDNOHUFSKY STREET ADDRESS CITY. ST. ZIP Debte TITLE DAVID R. CUDNOHUFSKY STREET ADDRESS CITY. ST. ZIP Debte TITLE Debte TITLE Debte TITLE Debte TITLE Debte TITLE DAVID R. CUDNOHUFSKY STREET ADDRESS CITY. ST. ZIP Debte TITLE Debte TITLE				Name		_		
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE				Street Add	iress (P.O. B	ss (P.O. Box Number is Not Acceptable)		
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			0.4.1.0			l		
SIGNATURE				City			Zip Code	
Change Addition			ered agent and title if applicable	e. (NOTE. Registe		nature required when reinstating)	DATE	
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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