

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Mar 19, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # F96000000501**

1. Entity Name  
**SCI HEALTHCARE GROUP, INCORPORATED**



Principal Place of Business  
**5344 LAWNWOOD DR.  
BRIGHTON, MI 48114 US**

Mailing Address  
**P.O BOX 2864  
TOLEDO, OH 43606 US**



03082005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>34-1789908</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**ROHRER, THOMAS S  
8510 EGRET LAKES LANE  
WEST PALM BEACH, FL 33412**

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	VD
NAME	ROHRER, THOMAS S
STREET ADDRESS	8510 EGRET LAKES LANE
CITY-ST-ZIP	WEST PALM BEACH, FL 33412

TITLE	P
NAME	PETERSON, ERVIN G JR
STREET ADDRESS	5344 LAWNWOOD DR
CITY-ST-ZIP	BRIGHTON, MI 48114

TITLE	VP
NAME	CUDNOHUFISKY, DAVID R
STREET ADDRESS	9716 LAKE CHASE ISLAND WAY
CITY-ST-ZIP	TAMPA, FL 33626

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)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**3/14/05**

Date

**810-221-0889**

Daytime Phone #