

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

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90477 023 ***150.00

DOCUMENT # *F96000000501*

1. Entity Name

SCI Healthcare Group, Incorporated

DO NOT WRITE IN THIS SPACE

20005426

2. Principal Place of Business

8 River Hills Lane

3. Mailing Address

P. O. Box 2864

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Toledo, OH

City & State

Toledo, OH

4. FEI Number

34-1789908

Applied For

Not Applicable

Zip

43623

Country

USA

Zip

43606-0864

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Thomas S. Rohrer

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

8510 Egret Lakes Lane

City

West Palm Beach

FL

Zip Code
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.

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) ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
Chairman and President, Director
Michael D. Nash
8 River Hills Lane
Toledo, OH 43623

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice President & Director
Thomas S. Rohrer
8510 Egret Lakes Lane
West Palm Beach, FL 33412

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice President, Director
Ervin G. Peterson, Jr.
5344-Lawnwood Dr.
Brighton, MI 48114

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice President, Director
David R. Cudnohufsky
18917 Avenue Biarritz
Lutz, FL 33549

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Secretary
Barbara A. Nash
8 River Hills Lane
Toledo, OH 43623

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Michael D. Nash*

Michael D. Nash

01/06/03

419-841-7416

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034B (12/01)