

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 02, 2003 8:00 am
Secretary of State

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1. Entity Name

STARMED HEALTH PERSONNEL INC.



Principal Place of Business

**7733 FORSYTH BLVD
SUITE 1700
SAINT LOUIS MO 63105**

Mailing Address

**7733 FORSYTH BLVD
SUITE 1700
SAINT LOUIS MO 63105**

2. Principal Place of Business

3. Mailing Address

Attn: Aisha White

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3297579

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
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. 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 \$550.00

After September 10, 2003 Fee will be \$750.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **BELLOMY, GREGORY F**
STREET ADDRESS **1200 LEWIS SPRING DR.**
CITY-ST-ZIP **SAINT LOUIS MO 63128**

TITLE **P** ☒ Change ☐ Addition
NAME **Todd Cook**
STREET ADDRESS **35 New England Business Ctr. Ste. 260**
CITY-ST-ZIP **Andover, MA 01810**

TITLE **CEOD** ☐ Delete
NAME **HENDERSON, ALAN C**
STREET ADDRESS **25 BELLER CC GROUNDS**
CITY-ST-ZIP **ST. LOUIS MO 63005**

TITLE **CEO** ☒ Change ☐ Addition
NAME **John Short**
STREET ADDRESS **2120 South 1300 East St. 301**
CITY-ST-ZIP **Salt Lake City, UT 84106**

TITLE **SVTA** ☐ Delete
NAME **DOUTHITT, JAMES M**
STREET ADDRESS **336 WEST MADISON**
CITY-ST-ZIP **KIRWOOD MO 63122**

TITLE **T, SV, Asst. S** ☒ Change ☐ Addition
NAME **Mark Bogovich**
STREET ADDRESS **7733 Forsyth Blvd. Ste. 1700**
CITY-ST-ZIP **St. Louis, MO 63105**

TITLE **SVCF** ☐ Delete
NAME **EISENHauer, GREGORY J**
STREET ADDRESS **104 LADIE GLEN COURT**
CITY-ST-ZIP **CHESTERFIELD MO 63017**

TITLE **S, CFO, Sr. VP, D** ☒ Change ☐ Addition
NAME **Vince Germanese**
STREET ADDRESS **940 Kimswick Manor Lane**
CITY-ST-ZIP **Baltimore, MD 63011**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** ☐ Change ☒ Addition
NAME **Laurie Schadeegg**
STREET ADDRESS **600 Cork Calmo**
CITY-ST-ZIP **San Clemente, CA 92673**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Vince Germanese

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/4/03

CR2E034 (4/03)

RehabCare® GroupSM

ATTACHMENT
F96000001355
80142947

August 4, 2003

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

To Whom It May Concern:

We are requesting that you waive the penalties for StarMed Health Personnel, Inc, RehabCare Group, Inc., and Health Tour Management, Inc. 2003 Uniform Business Reports. We did not receive the first Uniform Business Reports for these companies. We called your office about this and they verified the mailing address, but we still did not receive the reports. Enclosed you will find the completed second Uniform Business Reports and the filing fee of \$150.00 for each company. If you have any questions please feel free to contact Aisha White at 314-659-2195. Thank you for your consideration in this matter.

Sincerely,



Steve Sturm
VP of Finance