

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2002 8:00 am
Secretary of State

05-09-2002 90036 046 ***150.00

DOCUMENT # F96000004457

1. Entity Name
ALLEGIANCE HEALTHCARE CORPORATION

Principal Place of Business

**1430 WAUKEGAN RD
MCGAW PARK IL 60085**

Mailing Address

**1430 WAUKEGAN RD
MCGAW PARK IL 60085**

2. Principal Place of Business

3. Mailing Address

7000 Cardinal Place

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Dublin, OH

4. FEI Number

36-4095186

Applied For

Not Applicable

Zip

Country

Zip

Country

43017

US

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

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	C	<input type="checkbox"/> Delete
NAME	WALTER, ROBERT	
STREET ADDRESS	7000 CARDINAL PLACE	
CITY-ST-ZIP	DUBLIN OH 43017	
TITLE	VCIO	<input type="checkbox"/> Delete
NAME	WHITE, KATHY B	
STREET ADDRESS	1430 WAUKEGAN RD	
CITY-ST-ZIP	MCGAW PARK IL 60085	
TITLE	SVGC	<input type="checkbox"/> Delete
NAME	FEATHER, WILLIAM L	
STREET ADDRESS	1430 WAUKEGAN RD	
CITY-ST-ZIP	MCGAW PARK IL 60085	
TITLE	VC	<input type="checkbox"/> Delete
NAME	ADLOFF, RICHARD C	
STREET ADDRESS	1430 WAUKEGAN RD	
CITY-ST-ZIP	MCGAW PARK IL 60085	
TITLE	CVP	<input type="checkbox"/> Delete
NAME	DEBAUM, ROBERT B	
STREET ADDRESS	1430 WAUKEGAN RD	
CITY-ST-ZIP	MCGAW PARK IL 60085	
TITLE	VC	<input checked="" type="checkbox"/> Delete
NAME	KANE, JOHN C	
STREET ADDRESS	7000 CARDINAL PLACE	
CITY-ST-ZIP	DUBLIN OH 43017	

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	SVP-Finance	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP Human Resources	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Debaun, Robert B.	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SVP + Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Donna Brandin	
STREET ADDRESS	7000 Cardinal Place	
CITY-ST-ZIP	Dublin, OH 43017	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Donna Brandin 4-30-02 (614) 757-5000

Date

Daytime Phone #

CR2E034 (9/01)