

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90034 033 ***150.00

DOCUMENT # F96000005070

1. Corporation Name

COMPANION CARE SERVICES, INC.

Principal Place of Business

7618 MIAMI DR.
MENTOR OH 44060

Mailing Address

7618 MIAMI DR.
MENTOR OH 44060



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/01/1996

4. FEI Number

34-1776202

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JOSEPH, MARIE E
24195 US RT 19 N.
#211
CLEARWATER FL 33763-4016

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME JOSEPH, MARIE E
STREET ADDRESS 7511 MIAMI DR.
CITY-ST-ZIP MENTOR OH 44060

1.1 TITLE VDC ☐ Change ☒ Addition

NAME JOSEPH, MARIE E
STREET ADDRESS 7511 MIAMI DR.
CITY-ST-ZIP MENTOR OH 44060

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

Debbie Scott
7049 Huntley
Windsor, OH 44099

TITLE ☒ DELETE

NAME VDC
STREET ADDRESS ASHBA, JOHN T
CITY-ST-ZIP 38241 LAKESHORE BLVD., #311
WILLOUGHBY OH 44094

2.1 TITLE ☐ Change ☐ Addition

NAME VDC
STREET ADDRESS ASHBA, JOHN T
CITY-ST-ZIP 38241 LAKESHORE BLVD., #311
WILLOUGHBY OH 44094

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME DC
STREET ADDRESS WEARSTLER, TERRI RN
CITY-ST-ZIP 7024 JACKSON ST.
MENTOR OH 44060

3.1 TITLE ☐ Change ☐ Addition

NAME DC
STREET ADDRESS WEARSTLER, TERRI RN
CITY-ST-ZIP 7024 JACKSON ST.
MENTOR OH 44060

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME D
STREET ADDRESS HANES, JANICE
CITY-ST-ZIP 7618 MIAMI DR.
MENTOR OH 44060

4.1 TITLE ☐ Change ☐ Addition

NAME D
STREET ADDRESS HANES, JANICE
CITY-ST-ZIP 7618 MIAMI DR.
MENTOR OH 44060

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 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

Date

Daytime Phone #

CR2E034 (11/98)