2001 UNIFORM BUSINESS REPORT (UBR)

1of2

DOCUMENT # F96000006754 (3)

1. Entity Name

CHARTERED Health Network, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 MAY -8 PM 5:38

Principal Place of Business	Mailing Address
4190 Belfort Rd. Suite 200 Jacksonville, FL 32216	4190 Belfort Rd Suite 200 Jacksonville, Fl 32216

REINSTATEMENT 00-01
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
	3637 MEDINA Rd
Suite, Apt. # etc.	Suite, Apt. #, etc. Suite 325
City & State	City & State MEDINA, OH 44256
Zip / Country	Zip 44256 / Country USA

4. FEI Number 59-3413207 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 South Pine Island Road
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

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 See Attached
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, 2001 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD Scholz, Richard J 6 Marsh Hawk Rd FERNANDINA BEACH, FL 32034 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 100004316091--9 -05/24/01--01097--015 ****900.00 ****900.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTD Flynn, Arthur 30 Beachwood Rd Amelia Island, FL 32034 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (11/00)

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: Scott Jones SCOTT JONES 3/27/01 330 725 3631 x11
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

P.01 96% 330 722 4329 APR-30-2001 12:51

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CHARTERED HEALTH NETWORK, INC.

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2. Principal Place of Business		3. Mailing Address	
		3637 MEDINA Rd	
Suite, Apt. #, etc.		Suite, Apt. #, etc: Suite 325	
City & State		City & State: MEDINA, OH 44256	
Zip	Country	Zip: 44256	Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3413207 ☐ Applied For ☐ Not Applicable

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 Road 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.

SIGNATURE [signature] Gil S. Apelis, Asst. Secretary 4-30-2001

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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SIGNATURE: [signature] Scott Jones 3/27/01 330 725 3631 x11

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

P.01 330 722 4329