

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

**FILED**  
**May 02, 2002 8:00 am**  
**Secretary of State**

05-02-2002 90117 001 \*\*\*150.00

DOCUMENT # **F96000006754 (3)**

1. Entity Name

**CHARTERED HEALTH NETWORK, INC.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**1890 S. 14th St**

Suite, Apt. #, etc.

**Suite 150**

City & State

**AMELIA ISLAND, FL**

Zip

**32034**

Country

**USA**

3. Mailing Address

**5164 NORMANDY PARK DR**

Suite, Apt. #, etc.

**SUITE 600**

City & State

**MEDINA, OHIO**

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

7. Name and Address of Current Registered Agent

Name

**CT CORPORATION SYSTEM**

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

**1200 SOUTH PINE ISLAND ROAD**

City

**PLANTATION**

FL

Zip Code

**33324**

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  
**VSD  
SCHOLZ, RICHARD J  
8 MARSH HAWK RD  
FERNANDINA BEACH, FL 32034**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**PTD  
FLYNN, ARTHUR  
30 BEACHWOOD RD  
AMELIA ISLAND, FL 32034**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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**DO NOT WRITE  
IN THIS SPACE**

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:

**Scott Jones**

**SCOTT JONES**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/18/02**

**330 925 3631**

Date

Daytime Phone #

**CHN V# 1159 4/22/02 Prio #150**

CR2E034B (12/01)