

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000000948

1. Entity Name

EDENCARE GP, INC.

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90100 041 ***150.00

Principal Place of Business

31 N. MAIN STREET
ALPHARETTA GA 30201

Mailing Address

31 N. MAIN STREET
ALPHARETTA GA 30201

2. Principal Place of Business

10 Roswell Street
Ste 200

3. Mailing Address

10 Roswell Street
Ste 200

City & State

Alpharetta, GA

Zip

30004

Country

Fulton

City & State

Alpharetta GA

Zip

30004

Country

Fulton

4. FEI Number

58-2319598

Applied For

Not Applicable

5. Certificate of Status Desired

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\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T 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

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)

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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.

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\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HOLBROOK, ALFRED S 31 NORTH MAIN STREET ALPHARETTA GA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT JOHNSTON, DAVID M 31 NORTH MAIN STREET ALPHARETTA GA	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS SPEIGEL, MARK T 31 NORTH MAIN STREET ALPHARETTA GA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GROENTEMAN, SUSAN T 2001 ROSS AVENUE, STE 3200 DALLAS TX	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FAITH, ROBERT A TWO RIVERWAY, STE 850 HOUSTON TX	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CFO Clark D. Hettinga 10 Roswell Street, Ste 200 Alpharetta, GA 30004	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

Clark D. Hettinga 4/18/01 770565-0944

Date

Daytime Phone #

CR2E034 (10/00)