2000 UNIFORM BUSINESS REPORT (UBR)

of the corporation or the receiver or trustee changed, or on an attachment with an addr

ED OR PRINTED

SIGNATURE:

FILED DOCUMENT # F9800001506 Apr 17, 2000 8:00 am 1. Entity Name **Secretary of State** COMCARE USA, INC. 04-17-2000 90143 001 ***150.00 Principal Place of Business Mailing Address 820 SUPERIOR AVENUE, N.W., SUITE 350 920 SUPERIOR AVENUE, N.W., SUITE 950 CLEVELAND OH 44113-1800 STUART, FL 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number 34-1851677 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required MARTL 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent KONAL D RIETH, RONALD Street Address (P.O. Box Number is Not Acceptable) 951 S.E. CENTRAL PARKWAY STUART FL 34994 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. PDT TITLE Delete ALTIERI, GERARD N 820 Superior AVE, StE 635 NAME STREET ADDRESS 820 SUPERIOR AVE., N.W., SUITE 530 STREET ADDRESS CIEVELAND, OH HAILS-1800 CITY-ST-ZIP CITY-ST-7iP **CLEVELAND OH 44113** TITI F TITLE ☐ Delete RIETH, RONALD J 903 S.E. CENTRAL PHWY StUART, FL 34994 NAME NAME STREET ADDRESS 951 S.E. CENTRAL PARKWAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STUART FL 34994 Addition ☐ Delete TITLE TITLE 820 Superior AVE, Ste 635 CLEVELAND, DH NALIS- 1600 NAME CHRISTIE, MICHAEL T NAME STREET ADDRESS STREET ADDRESS 820 SUPERIOR AVE., N.W. SUITE 530 CITY-ST-ZIP **CLEVELAND OH 44113** CITY-ST-ZIP Addition ASD ☐ Delete TITLE TITLE ALTIERI, MARK P NAME NAME 1144 WEST ERIE AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LORAIN OH 44052-0840 Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ■ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE 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 employers to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

4-11-2000 561-221-