

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000002697

1. Entity Name

INDEPENDENCE HEALTHCARE MANAGEMENT, INC.

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90059 022 ***150.00

Principal Place of Business

Mailing Address

1901 MARKET ST.
PHILADELPHIA PA 19103

1901 MARKET ST.
PHILADELPHIA PA 19103-1400

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-2671650

Applied For

Not Applicable

Zip

Country

Zip

Country

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

C T 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, 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, 2000 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	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	CP			<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	DIBONA, G. FRED	1901 MARKET ST.	PHILADELPHIA PA 19103							
	DV			<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	DADDIS, JOHN A	1901 MARKET ST.	PHILADELPHIA PA 19103							
	DT			<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	FOOS, JOHN G	1901 MARKET ST.	PHILADELPHIA PA 19103							
	S			<input checked="" type="checkbox"/> Delete					<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
	HATLER, PATRICIA R	1901 MARKET ST.	PHILADELPHIA PA 19103			S	TUFANO, PAUL A.	1901 MARKET ST.		
	D			<input type="checkbox"/> Delete			PHILADELPHIA, PA 19103		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	NEESON, RICHARD J	1901 MARKET ST.	PHILADELPHIA PA 19103							
	V			<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	CAREY, LEO M	1901 MARKET ST.	PHILADELPHIA PA 19103							

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/00

Date

215
241 242

Daytime Phone #