

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90102 017 \*\*\*150.00

**DOCUMENT # F98000005014**

**1. Entity Name**  
**MEDHOST, INC.**

**Principal Place of Business**

**420 MADISON AVENUE, SUITE 1002  
 TOLEDO OH 43604**

**Mailing Address**

**420 MADISON AVENUE, SUITE 1002  
 TOLEDO OH 43604**

**2. Principal Place of Business**

**15455 North Dallas Pkwy.**

**Suite, Apt. #, etc.**

**Suite 400**

**City & State**

**Addison, TX**

**Zip**

**75001**

**Country**

**USA**

**3. Mailing Address**

**same**

**Suite, Apt. #, etc.**

**City & State**

**Zip**

**Country**

**4. FEI Number**

**34-1861855**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired**

☐ **\$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**

**N/A**

**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, 2002 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**

**TITLE PD**  
**NAME LORENZ, STEPHEN D**  
**STREET ADDRESS 420 MADISON AVENUE, SUITE 1002**  
**CITY-ST-ZIP TOLEDO OH 43604**

☒ **Delete**

**TITLE D**  
**NAME MCILWRAITH, JOHN**  
**STREET ADDRESS 1100 CHIQUITA CENTER**  
**CITY-ST-ZIP CINCINNATI OH 45202**

☐ **Delete**

**TITLE D**  
**NAME MITTRA, SHANTI**  
**STREET ADDRESS 5900 LANDERBROOK DRIVE STE 200**  
**CITY-ST-ZIP CLEVELAND OH 44124**

☒ **Delete**

**TITLE CD**  
**NAME MILEY, STEPHEN M**  
**STREET ADDRESS 929 CASE COVE DR.**  
**CITY-ST-ZIP NOKOMIS FL 34275**

☐ **Delete**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ **Delete**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ **Delete**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE PD**  
**NAME Craig Herrod**  
**STREET ADDRESS 32 Lake Bluff**  
**CITY-ST-ZIP Montgomery, TX 77356**

☐ **Change** ☒ **Addition**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ **Change** ☐ **Addition**

**TITLE D**  
**NAME Phillip C. Molner II**  
**STREET ADDRESS 5900 Landerbrook Dr. Suite 200**  
**CITY-ST-ZIP Cleveland, OH 44124-4020**

☐ **Change** ☒ **Addition**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ **Change** ☐ **Addition**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ **Change** ☐ **Addition**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ **Change** ☐ **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:**

**Douglas Stewart**  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**4-18-2002**  
**Date**

**972-560-3170**  
**Daytime Phone #**

CR2E034 (9/01)