

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2002 8:00 am
Secretary of State

03-24-2002 90068 046 ***150.00

DOCUMENT # F98000006065

1. Entity Name
REXBERG HEALTH CARE MANAGEMENT CORP.

Principal Place of Business
**1661 OLD HENDERSON ROAD
 COLUMBUS OH 43220**

Mailing Address
**1661 OLD HENDERSON ROAD
 COLUMBUS OH 43220**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

31-1343735

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

**COLEMAN, KEVIN G ESQUIRE
 4001 TAMiami TRAIL NORTH
 SUITE 300
 NAPLES FL 34103**

7. Name and Address of New Registered Agent

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.
 (C) (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 **DP** ☐ Delete
 NAME **HAZELBAKER, RALPH E**
 STREET ADDRESS **1661 OLD HENDERSON RD.**
 CITY-ST-ZIP **COLUMBUS OH 43220**

TITLE **V** ☐ Delete
 NAME **HAZELBAKER, R. BRIAN**
 STREET ADDRESS **32325 S. COAST HWY., STE. 204**
 CITY-ST-ZIP **LAGUNA BEACH CA 92677**

TITLE **S** ☐ Delete
 NAME **EVERETT, SHARON A**
 STREET ADDRESS **1661 OLD HENDERSON RD.**
 CITY-ST-ZIP **COLUMBUS OH**

TITLE **T** ☐ Delete
 NAME **EVENSON, K. ROBERT JR.**
 STREET ADDRESS **1661 OLD HENDERSON RD.**
 CITY-ST-ZIP **COLUMBUS OH 43220**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

Date

Daytime Phone #

CR2E034 (9/01)