

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F99000003528**

1. Entity Name

COMPANION HEALTHCARE CORPORATION**FILED****Apr 12, 2000 8:00 am**
Secretary of State

04-12-2000 90084 023 ***150.00

| | | | |
|--|---------|---|---------|
| Principal Place of Business 200 ARBOR LAKE DRIVE COLUMBIA SC 29223 | | Mailing Address 200 ARBOR LAKE DRIVE COLUMBIA SC 29223-4516 | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |



DO NOT WRITE IN THIS SPACE

4. FEI Number **57-0768835**Applied For
Not Applicable5. 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

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be Added to Fees****11. OFFICERS AND DIRECTORS**

| | | |
|----------------|-----------------------|---------------------------------|
| TITLE | CEOC | <input type="checkbox"/> Delete |
| NAME | SELLERS, M. EDWARD | |
| STREET ADDRESS | 200 ARBOR LAKE DRIVE | |
| CITY-ST-ZIP | COLUMBIA SC 29223 | |
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | FAULDS, THOMAS G | |
| STREET ADDRESS | 200 ARBOR LAKE DRIVE | |
| CITY-ST-ZIP | COLUMBIA SC 29223 | |
| TITLE | EVD | <input type="checkbox"/> Delete |
| NAME | GALLOWAY, HARVEY L JR | |
| STREET ADDRESS | 200 ARBOR LAKE DRIVE | |
| CITY-ST-ZIP | COLUMBIA SC 29223 | |
| TITLE | VCMO | <input type="checkbox"/> Delete |
| NAME | LITTLE, JOHN M JR MD | |
| STREET ADDRESS | 200 ARBOR LAKE DRIVE | |
| CITY-ST-ZIP | COLUMBIA SC 29223 | |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | BURNETT, ANN T | |
| STREET ADDRESS | 200 ARBOR LAKE DRIVE | |
| CITY-ST-ZIP | COLUMBIA SC 29223 | |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | CAMPBELL, CHARLES B | |
| STREET ADDRESS | 200 ARBOR LAKE DRIVE | |
| CITY-ST-ZIP | COLUMBIA SC 29223 | |

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

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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 #

03/28/00 803780222