

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000004436

1. Entity Name

ASD SPECIALTY HEALTHCARE, INC.

Principal Place of Business

4000 METROPOLITAN DRIVE  
ORANGE CA 92868

Mailing Address

4000 METROPOLITAN DRIVE  
ORANGE CA 92868-3510

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current 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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	RODEN, DONALD R	
STREET ADDRESS	4000 METROPOLITAN DRIVE	
CITY-ST-ZIP	ORANGE CA 92868	
TITLE	VCFO	<input type="checkbox"/> Delete
NAME	WEIDNER, DAVID	
STREET ADDRESS	4000 METROPOLITAN DRIVE	
CITY-ST-ZIP	ORANGE CA 92868	
TITLE	SCD	<input type="checkbox"/> Delete
NAME	SAWDEI, MILAN	
STREET ADDRESS	4000 METROPOLITAN DRIVE	
CITY-ST-ZIP	ORANGE CA 92868	
TITLE	T	<input type="checkbox"/> Delete
NAME	SCHMITT, ERIC J	
STREET ADDRESS	4000 METROPOLITAN DRIVE	
CITY-ST-ZIP	ORANGE CA 92868	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Pres. Steve Collis	
STREET ADDRESS	4000 Metropolitan Dr.	
CITY-ST-ZIP	Orange CA 92868	
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		

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\*\*\*150.00 \*\*\*150.00 ☐ Change ☐ Addition

SP

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

Milan A. Sawdeh

1/10/00  
Date

714-385-4000  
Daytime Phone #