

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90034 001 ***150.00

DOCUMENT # M01000002240

1. Entity Name

Healthmark Sales of Ohio, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

17800 Royalton Road

Suite, Apt. #, etc.

3. Mailing Address

17800 Royalton Road

Suite, Apt. #, etc.

City & State

Strongsville, OH

City & State

Strongsville, OH

4. FEI Number

34-1961695

Applied For

Not Applicable

Zip

44136

Country

United States

Zip

44136

Country

United States

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)

1200 South Pine Island Road

City

Plantation

FL

Zip Code

33324

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **President**

NAME **George A. Gehringer**

STREET ADDRESS **17800 Royalton Road**

CITY-ST-ZIP **Strongsville, OH 44136**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE **Treasurer**

NAME **Larry E. Wharton**

STREET ADDRESS **17800 Royalton Road**

CITY-ST-ZIP **Strongsville, OH 44136**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE **Vice President**

NAME **Gloria J. Williams**

STREET ADDRESS **17800 Royalton Road**

CITY-ST-ZIP **Strongsville, OH 44136**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE **Secretary**

NAME **Denise A. Blackwell**

STREET ADDRESS **17800 Royalton Road**

CITY-ST-ZIP **Strongsville, OH 44136**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

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TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Larry E. Wharton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-03
Date

(440) 572-2400
Daytime Phone #