

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000001535

1. Entity Name  
ANCILLARY SERVICES, LLC

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 AUG 28 AM 10: 02

Principal Place of Business

333 N. SUMMIT STREET  
TOLEDO OH 43604

Mailing Address

333 N. SUMMIT STREET  
TOLEDO OH 43604

2. Principal Place of Business

333 N. SUMMIT ST.

Suite, Apt. #, etc.

TAX DEPT.

3. Mailing Address

333 N. SUMMIT ST.

Suite, Apt. #, etc.

TAX DEPT.

City & State

TOLEDO, OH

City & State

TOLEDO, OH

Zip

43604

Country

U.S.

Zip

43604

Country

U.S.

4. FEI Number

52-2166500

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



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

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME ☐ Delete  
NAME MGR MGRM  
STREET ADDRESS HEARTLAND REHABILITATION SERVICES, INC.  
CITY-ST-ZIP 333 N. SUMMIT STREET  
TOLEDO OH 43604

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
900003380339--7  
-03/01/00--01061--030  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE NAME ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE NAME ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE NAME ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE NAME ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE NAME ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

7-31-00

Date

Daytime Phone #

CR2E083 (5/00)