

2001 UNIFORM BUSINESS REPORT (UBR)

194

DOCUMENT # <u>N94000000100</u>			
1. Entity Name <u>Lucy O'charity Inc.</u>			
Principal Place of Business <u>807 N. Walnut St</u> <u>Paulding OH 45879</u>		Mailing Address <u>807 N. Walnut St</u> <u>Paulding OH 45879</u>	
2. Principal Place of Business <u>807 N. Walnut St</u> Suite, Apt. #, etc.		3. Mailing Address <u>807 N. Walnut St</u> Suite, Apt. #, etc.	
City & State <u>Paulding Ohio</u> Zip <u>45879</u> Country <u>U.S.A</u>		City & State <u>Paulding Ohio</u> Zip <u>45879</u> Country <u>U.S.A</u>	
4. FEI Number <u>59-322399</u>		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required		DO NOT WRITE IN THIS SPACE <u>98-01</u>	
6. Name and Address of Current Registered Agent <u>Mrs. Gladys Ezeala</u> <u>3734 Rockbrook Dr.</u> <u>Tallahassee FL 32311</u>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <u>FL</u> 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 <u>Gladys Ezeala</u> <u>10/24/01</u> <u>10/24/01</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
		Make Check Payable to Department of State	
10. OFFICERS AND DIRECTORS			
10 cont.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Board of Director</u> ☒ Delete <u>Dr. Claire Buckley</u> <u>1856 Draper Dr.</u> <u>Paulding OH 45879</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>President</u> ☐ Change ☒ Addition <u>Dr. Richard G. Smith</u> <u>13711 Wilhelm Rd.</u> <u>Defiance OH 43512-8601</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Board of Director</u> ☒ Delete <u>Brendan Armstrong</u> <u>Duke University Med Center</u> <u>Durham NC 27710</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Board of Director</u> ☐ Change ☒ Addition <u>Rev. Fr. Malachi Nwabuisi</u> <u>University of Nigeria</u> <u>Nsukka, Enugu State, Nigeria</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Board of Director</u> ☒ Delete <u>Dr. Charles Johnson</u> <u>Duke University Med Center</u> <u>Durham NC 27710</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>300004704583</u> <u>12/04/01-01069-015</u> <u>*****245.00 *****245.00</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Board of Director</u> ☒ Delete <u>Dr. Ron McNear</u> <u>Durham Regional Medical Ctr</u> <u>Durham NC 27710</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>300004704583</u> <u>12/04/01-01069-016</u> <u>*****245.75 *****245.75</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>E. C. Anadi, MD</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<u>CEO & founder</u> <u>10/24/01</u> Date Daytime Phone #	
<u>EVARISTA C. ANADI, MD</u>			

CR2E037 (11/00)

Lucy O' Charity Inc.

807 N. Walnut St

Paulding OH 45879

10/24/01

20/11

To Whom It May Concern

I am writing to re-instate Lucy O' Charity Inc. and to wave the penalty fee.

Lucy O' Charity Inc was dissolved without our knowledge because we didn't file the annual UBR. The renewal UBR form was never received by ~~the~~ Lucy O' Charity Inc because ~~the~~ form was mailed to our old address P. O. Box 2541 Tallahassee, Florida. The old address was closed in 1994. The current address is 807 N. Walnut St, Paulding OH 45879.

Enclosed is \$245

Thank you for your cooperation
Yours Sincerely

Ernest C. Oredin, MD
CEO & founder.

LUCY O' CHARITY INC. BOARD OF DIRECTORS

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Vanessa Allen, M.D.

Home address: 1308 Old Cannon Rd.
Fort Washington, MD 20744
Phone # (301) 203-0952
E-mail md89@AOL.com
Office address: Family Physician
Fort Washington Family Medical Center
900 E. Swann Creek Rd.
Fort Washington, MD 20744
Professional Affiliations: National Medical Association
American Academy of Family Physicians
Associate Professor, Howard University

Claire Buckley, M.D.

Home address: 1856 Draper Drive
Roseville, MN 55113
E-mail-buck0161@tc.umn.edu
Office address: Plastic Surgery Fellow
University of Minnesota
Minneapolis, MN 55455

Pam Farmer, M.D. (Treasurer)

Home address: 1196 South 800 East
Salt Lake City, Utah 84105
Phone # (801) 467-6388
E-mail pfarmer2@compuserve.com
Office address: Family Physician
University of Utah Park City Family Health and Emergency Center
1665 Bonanza Drive
Park City, Utah 84068
Professional Affiliations: American Academy of Family Physicians
American Medical Women's Association
Physicians for Social Responsibility

Evarista Nnadi, M.D. (Chairman)

Home address: 807 N. Walnut St.
Paulding, Ohio 45879
Phone # (419) 399-2313
E-mail rista@bright.net
Office address: Paulding County Hospital: Chairman, Department of Obstetrics & Medical Review Officer
11558 SR 111
Paulding, Ohio 45879
Professional Affiliations: American Medical Association
American Academy of Family Physicians
American Medical Women's Association

Sheila Adiele, MBA

Home Address: 204 Myrtle Ave
Irvington, New Jersey 07111
Phone # (973) 416-8588
E-mail adaoradoll@AOL.com
Office address: General Accountant
GAF Material Corporation
1361 Alps Rd..
Wayne, NJ 07470

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Angela Nwaneri, MBA, J.D.

Home address: 225 Scenic Dr.
Horse heads, New York 14845
Phone # (607) 796-0212
E-mail nwaneri_an@corning.com
Office address: Division Patent Counsel
Corning Inc.
SP-FR 02 12
Corning, NY 14831
Professional Affiliation: Minnesota Bar
Patent & Trademark Office

Rev. Fr. Malachy Nwabuisi, CSSP

Office address: Roman Catholic Priest
Dept. of Education Foundations
University of Nigeria
Nsukka
Enugu State
Nigeria

Eucharia Nnadi, J.D., Ph.D.

Home address: 719 Riverside Drive
Salisbury, MD 21801
Phone # (410) 749-1018
E-mail ennadi@AOL.com
Office address: Vice President for Academic Affairs
Room 2104, J. T. Williams Hall
University of Maryland Eastern Shore
Princess Ann, MD 21853-1299
Professional Affiliation: American Pharmaceutical Association
National Association of State and Land Grant University
Florida Bar
Nebraska Bar

Chinero Thomas, CPA.

(Secretary)

Home address: 30115 Merchants Ct
Great falls, VA 22066
Phone # (703) 406-8473
E-mail emudam@AOL.com
Office address: Assistant Director
General Accounting Office
441 G Street, NW
Washington, DC 20001
Professional Affiliation: American Institute of Certified Public Accountants - National and State
Association of Government Accountants

Richard G. Smith, M.D.

(President)

Home address: 13711 Wilhelm Road
Defiance, Ohio 43512-8601
Phone # (419) 782-2541
E-mail rgsmith@bright.net
Office address: OtoRhinaryngologist (ENT)
Defiance Clinic
1400 E. Second St.
Defiance, Ohio 43512
Professional Affiliation: American Board of Otolaryngology
American Academy of Otolaryngology