

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90181 033 ***150.00

0667301 AV

DOCUMENT # P01000054970

1. Entity Name
CHRONIC CARE SUPPLY, INC.

Principal Place of Business

% THE CARE GROUP
903 S.E. CENTRAL PARKWAY
STUART FL 34994

Mailing Address

% THE CARE GROUP
903 S.E. CENTRAL PARKWAY
STUART FL 34994

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1109379

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RIETH, RONALD
903 S.E. CENTRAL PARKWAY
STUART FL 34993

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **CCSD**
 STREET ADDRESS **RONALD J. RIETH**
 CITY-ST-ZIP **903 SE CENTRAL PKWY**
STUART, FL 34994

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **CCVPD**
 STREET ADDRESS **GERARD A. ALTIERI**
 CITY-ST-ZIP **903 SE CENTRAL PKWY**
STUART, FL 34994

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **PD**
 STREET ADDRESS **DONALD M. CURRY**
 CITY-ST-ZIP **748 FAIRACRES AVE**
WESTFIELD, NJ 07090

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **ASD**
 STREET ADDRESS **MARK P. ALTIERI**
 CITY-ST-ZIP **1144 WEST ERIE AVE**
LOBAIN, OH 44052-0810

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **VPD**
 STREET ADDRESS **MICHAEL T. CHRISTIE**
 CITY-ST-ZIP **820 SUPERIOR AVE STE 400**
CLEVELAND, OH 44113

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 #

4-10-02
772-283-5227

CR2E034 (9/01)