

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 16, 2002 8:00 am
Secretary of State

07-16-2002 90367 047 ***550.00

DOCUMENT # P24996

1. Entity Name

RENAISSANCE HEALTHCARE CORPORATION

Principal Place of Business

**4720 OLD GETTYSBURG RD
 SUITE 311
 MECHANICSBURG PA 17055
 US**

Mailing Address

**4720 OLD GETTYSBURG RD
 SUITE 311
 MECHANICSBURG PA 17055
 US**

2. Principal Place of Business

1215 MANOR DRIVE

3. Mailing Address

1215 MANOR DRIVE

Suite, Apt. #, etc.

Suite 111

Suite, Apt. #, etc.

Suite 111

City & State

Mechanicsburg, PA

City & State

Mechanicsburg, PA

Zip

17055

Country

CUMBERLAND

Zip

17055

Country

CUMBERLAND

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
 1200 S. 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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
 After September 13, 2002 Fee will be \$750.00
 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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**VFP
 KOPCHICK, JOSEPH
 14 PINETREE DR.
 MECHANICSBURG PA** ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**SV
 BARRICK, JOSEPH A.
 4720 OLD GETTYSBURG RD SUITE 311
 MECHANICSBURG PA** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**1215 MANOR DRIVE, Suite 111
 Mechanicsburg, PA. 17055** ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**V
 DOHERTY, H. JAKE
 4720 OLD GETTYSBURG RD SUITE 311
 MECHANICSBURG PA** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**1215 MANOR DRIVE, Suite 111
 Mechanicsburg, PA. 17055** ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**DTC
 RICHARDSON, RICHARD D.
 4720 OLD GETTYSBURG RD SUITE 311
 MECHANICSBURG PA** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**1215 MANOR DRIVE, Suite 111
 Mechanicsburg, PA. 17055** ☒ Change ☐ Addition

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

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:

Joseph A. Kopchick 7/8/02 717-796-6054

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)