

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P36454

FILED  
Jan 29, 2002 8:00 AM  
Secretary of State

**Entity Name:** SUPPLEMENTAL HEALTH CARE SERVICES LIMITED CORPORATION

**Current Principal Place of Business:**

2829 SHERIDAN DRIVE  
TONAWANDA, NY 14150

**New Principal Place of Business:**

1912 SIDEWINDER DR.  
SUITE 210  
PARK CITY, UT 84060

**Current Mailing Address:**

2829 SHERIDAN DRIVE  
TONAWANDA, NY 14150

**New Mailing Address:**

FEI Number: 16-1216796      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CARESTIO, MARYANNE  
8669 PINETREE DR., NORTH  
SEMINOLE, FL 34642 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PT ( ) Delete  
Name: BLATZ, LEO R.,  
Address: 88 DEERHURST  
City-St-Zip: KENMORE, NY 14217

Title: VS ( ) Delete  
Name: ZIEMANN, DONALD P.,  
Address: 15 HILLCREST DRIVE  
City-St-Zip: AMHERST, NY 14226

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PSD (X) Change ( ) Addition  
Name: MCIVER, ALAN MR.  
Address: 1912 SIDEWINDER DR.  
City-St-Zip: PARK CITY, UT 84060 US

Title: TD (X) Change ( ) Addition  
Name: HOOVER, JAMES B MR.  
Address: 1912 SIDEWINDER DR.  
City-St-Zip: PARK CITY, UT 84060 US

Title: D ( ) Change (X) Addition  
Name: KOSBERG, LIVINGSTON MR.  
Address: 1912 SIDEWINDER DR.  
City-St-Zip: PARK CITY, UT 84060 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: R. ALAN MCIVER

P

01/29/2002

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date