

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P36655

1. Entity Name

WHITE KNIGHT HEALTHCARE, INC.

**FILED**  
**Apr 20, 2000 8:00 am**  
**Secretary of State**

04-20-2000 90109 036 \*\*\*150.00

Principal Place of Business

Mailing Address

94 GLENN BRIDGE ROAD  
ARDEN NC 28704  
US

P.O. BOX 300  
ARDEN NC 28704  
US

2. Principal Place of Business

370 AIRPORT ROAD

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 2400

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
ARDEN, NC

City & State  
ARDEN, NC

4. FEI Number  
25-1662265

Applied For  
☐ Not Applicable

Zip  
28704

Country  
U.S.A.

Zip  
28704-2400

Country  
U.S.A.

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

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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, 2000 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PT  
NALBANTYAN, MIY  
650 ENGINEERING DR  
NORCROSS GA 30092 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P/S/T  
John Sopciak  
20 Sunset Summit  
Asheville, NC 28804 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VPS  
HONEYCUTT, TRAVIS  
650 ENGINEERING DR  
NORCROSS GA 30092 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
Thomas J. Kennelly, Jr.  
370 Airport Road  
Arden NC 28704 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VS  
LEE, DAN  
650 ENGINEERING DR  
NORCROSS GA 30092 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
C  
Earle J. Bensing  
4347 W. Northwest Highway  
Suite 120 PMB 233  
Dallas, TX 75220 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
ASC  
WILSON, ROGER G.  
602 LEHMBURG RD  
COLUMBUS MS 39702 ☒ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
SCHMITT, PETER A  
150 MAY GLEN WAY  
ROSWELL GA 30076 ☒ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
JONES, ROBERT E  
370 AIRPORT RD  
ARDEN NC 28704 ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/2000 (828) 681-0209  
Date Daytime Phone #

CR2E034 (9/99)