

2001 UNIFORM BUSINESS REPORT (UBR)

0384614

DOCUMENT # P38875

1. Entity Name

EXTENDED CARE PRODUCTS, INC.

FILED

01 APR 30 AM 9:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

136 PRINCETON ROAD
JOHNSON CITY TN 37601
US

136 PRINCETON ROAD
JOHNSON CITY TN 37601
US

2. Principal Place of Business

2020 Northpark, Suite 2F

3. Mailing Address

2020 Northpark

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 2F

City & State

Johnson City, TN

City & State

Johnson City, TN

Zip

37604-3127

Country

Washington

Zip

37604-3127

Country

Washington

4. FEI Number

62-1366829

Applied For

Not Applicable

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

LEWIS, J. R.
115 HART ST.
NICEVILLE FL 32578

Name

CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)

1200 S. Ave Island Rd.

City

Plantation

FL

Zip Code

33324

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.

CONNIE BRYAN

SPECIAL ASSISTANT SECRETARY

SIGNATURE

Connie Bryan

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/30/01

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, 2001 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	DP LEWIS, J. R. 136 PRINCETON ROAD JOHNSON CITY TN	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LINVILLE, LARRY V. 136 PRINCETON ROAD JOHNSON CITY TN	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President J.R. Lewis 2020 Northpark, Suite 2F Johnson City, TN 37604-3127	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Larry V. Linville 2020 Northpark, Suite 2F Johnson City, TN 37604-3127	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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

J.R. Lewis, President

4/27/2001

Date

975-5455

Daytime Phone #

CR2E034 (10/00)