

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**May 11, 2000 8:00 am**  
**Secretary of State**

05-11-2000 90316 027 \*\*\*150.00

DOCUMENT # **094000001894**

1. Entity Name

GULF COAST HAND SPECIALISTS, INC.

Principal Place of Business 4716 Old Gettysburg Road Mechanicsburg, PA 17055	Mailing Address P.O. Box 2034 Mechanicsburg, PA 17055
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**727051**

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3217476	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  CT CORPORATION SYSTEM, INC. 1200 SOUTH 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
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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 \_\_\_\_\_ (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	CD ROCCO A. ORTENZIO 4716 OLD GETTYSBURG ROAD MECHANICSBURG, PA 17055 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROBERT A. ORTENZIO 4716 OLD GETTYSBURG ROAD MECHANICSBURG, PA 17055 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS MICHAEL E. TARVIN 4716 OLD GETTYSBURG ROAD MECHANICSBURG, PA 17055 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT SCOTT A. ROMBERGER 4716 OLD GETTYSBURG ROAD MECHANICSBURG, PA 17055 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAS STACI RHODES SHELLEY 4716 OLD GETTYSBURG ROAD MECHANICSBURG, PA 17055 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAS KENNETH L. MOORE 4716 OLD GETTYSBURG ROAD MECHANICSBURG, PA 17055 <input type="checkbox"/> Delete	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 **Staci Rhodes Shelley** **STACI RHODES SHELLEY** 4/27/00 717/972-1125

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~~Att~~achments

72705)

List of Officers (Continued)

VP/AS/

Martin F. Jackson  
4716 Old Gettysburg Road  
Mechanicsburg, PA 17055

VP

Donald J. Kaercher  
4716 Old Gettysburg Road  
Mechanicsburg, PA 17055

VP

Patricia A. Rice  
4716 Old Gettysburg Road  
Mechanicsburg, PA 17055