

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000021547

1. Entity Name

JOHN ALDEN NEIGHBORHOOD HEALTH CORPORATION

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90120 013 ***150.00

Principal Place of Business

Mailing Address

7300 CORPORATE CENTER DRIVE
ATTN: (7828)
MIAMI FL 33126-1208

P.O. BOX 020270
ATTN: (7828)
MIAMI FL 33102-0270
US

2. Principal Place of Business

501 West Michigan

3. Mailing Address

P.O. Box 3050

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Milwaukee, WI 53203

City & State

Milwaukee, WI 53203

Zip
53203

Country
US

Zip

53201-3050

Country
US

4. FEI Number

65-0478869

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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.

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

TITLE CB ☐ Delete
NAME FREEDMAN, ALLEN R
STREET ADDRESS ONE CHASE MANHATTAN PL
CITY-ST-ZIP NEW YORK NY 10005

TITLE D/P ☒ Delete
NAME WILLIAM H MAUK, JR
STREET ADDRESS 7300 CORPORATE CENTER DRIVE
CITY-ST-ZIP MIAMI FL 33126-1208

TITLE DVP ☐ Delete
NAME CLAYTON, J K
STREET ADDRESS ONE CHASE MANHATTAN PL
CITY-ST-ZIP NEW YORK NY 10005

TITLE DVP ☒ Delete
NAME THOMAS, J G JR
STREET ADDRESS ONE CHASE MANHATTAN PL
CITY-ST-ZIP NEW YORK NY 10005

TITLE VGS ☐ Delete
NAME ATKINSON, JEROME A
STREET ADDRESS ONE CHASE MANHATTAN PL
CITY-ST-ZIP NEW YORK NY 10005

TITLE V/T ☒ Delete
NAME GLEN A SPENCE
STREET ADDRESS 7300 CORPORATE CENTER DRIVE
CITY-ST-ZIP MIAMI FL 33126-1208

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ~~Sr. VP, Secretary~~ ☐ Change ☒ Addition
NAME ~~Jerome A. Atkinson~~
STREET ADDRESS ~~1 Chase Manhattan Plaza~~
CITY-ST-ZIP ~~New York, NY 10005~~ *Already listed below*

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

TITLE Robert B. Pollock ☐ Change ☒ Addition
NAME Director
STREET ADDRESS 1 Chase Manhattan Plaza
CITY-ST-ZIP New York, NY 10005

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

TITLE Vice President ☐ Change ☒ Addition
NAME Gary L. Lau
STREET ADDRESS 501 West Michigan
CITY-ST-ZIP Milwaukee, WI 53203

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:

Gary L. Lau **REQUIRE** Vice President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/00

Date

414/299-6771

Daytime Phone #

CR2E034 (9/99)