

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # V22874****1. Entity Name**
RENAISSANCE - PALMETTO, INC.**FILED**
Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90498 007 ***150.00

00024594

DO NOT WRITE IN THIS SPACE

Principal Place of Business
PALMETTO HEALTH CENTER
6750 WEST 22ND COURT
HIALEAH FL 33016
US**Mailing Address**
4720 OLD GETTYSBURG RD
STE 311
MECHANICSBURG PA 17055
US**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0322098

Applied For

Not Applicable

Zip

Country

Zip

Country

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 SOUTH PINE ISLAND RD.
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, 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	<input type="checkbox"/> Delete
	CDT			
	RICHARDSON, RICHARD D	5 WESTWIND DRIVE	LEMOYNE PA	
	VS			
	BARRICK, JOSEPH A	448 WOODCREST DRIVE	MECHANICSBURG PA	
	V			
	DOHERTY, JAKE H	4207 NANTUCKET DRIVE	MECHANICSBURG PA	
	VPF			
	KOPCHICK, JOSEPH A	14 PINETREE DR	MECHANICSBURG PA	

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:** *Joseph A. Kopchick V.P.* Joseph A. Kopchick

2/16/01

Date

717-731-0300

Daytime Phone #

CR2E034 (10/00)