

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90066 009 ***150.00

DOCUMENT # V58790

1. Entity Name
HEALTHCARE USA, INC.

Principal Place of Business

**6705 ROCKLEDGE DRIVE
 SUITE 900
 BETHESDA MD 20817
 US**

Mailing Address

**6705 ROCKLEDGE DRIVE
 STE 900
 BETHESDA MD 20817
 US**

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

59-3138325

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

**CT-CORPORATION SYSTEM
 1200 S 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, 2002 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. MEMBERSHIP IN OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SMITH, SHIRLEY R 6705 ROCKLEDGE DRIVE, SUITE 900 BETHESDA MD 20817 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO STARK, CHARLES R 10 S BROADWAY, STE 1200 ST. LOUIS MO 63102 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP DEMCVICK, HARVEY C JR. 6705 ROCKLEDGE DRIVE, SUITE 900 BETHESDA MD 20817 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP MCDONOUGH, THOMAS P 6705 ROCKLEDGE DRIVE, SUITE 900 BETHESDA MD 20817 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAT WOLF, DALE B 6705 ROCKLEDGE DRIVE, SUITE 900 BETHESDA MD 20817 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TCFS HANDSHY, JENNIFER K 10 S BROADWAY, STE 1200 ST. LOUIS MO 63102 <input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition SEE ATTACHED
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
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: *Shirley R. Smith* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/24/02

301-581-0600

CR2E034 (9/01)

HealthCare USA, Inc.
FEIN: 59-3138325
Florida-2002 Uniform Business Report
Officers and Directors

Attachment
Doc# V58790
858842

Officers:

Address:

John J. Stelben
Assist. Treasurer

6705 Rockledge Drive, Suite 900
Bethesda, MD 20817

John J. Ruhlmann
Corporate Controller

6705 Rockledge Drive, Suite 900
Bethesda, MD 20817

David C. Lane
President & CEO

10 S. Broadway, Suite 1200
St. Louis, MO 63102

Thomas P. McDonough
Exec. VP

6705 Rockledge Drive, Suite 900
Bethesda, MD 20817

Harvey C. DeMovick, Jr.
Exec. VP

6705 Rockledge Drive, Suite 900
Bethesda, MD 20817

Dale B. Wolf
Exec. VP & Assistant Treasurer

6705 Rockledge Drive, Suite 900
Bethesda, MD 20817

Shirley R. Smith
Secretary

6705 Rockledge Drive, Suite 900
Bethesda, MD 20817

Directors:

Address:

Allen F. Wise

6705 Rockledge Drive, Suite 900
Bethesda, MD 20817

Thomas P. McDonough

6705 Rockledge Drive, Suite 900
Bethesda, MD 20817

Dale B. Wolf

6705 Rockledge Drive, Suite 900
Bethesda, MD 20817

Davina C. Lane

10 S. Broadway, Suite 1200
St. Louis, MO 63102