

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2002 8:00 am**  
**Secretary of State**

04-28-2002 90774 039 \*\*\*158.75

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**DOCUMENT # F96000002892**

1. Entity Name  
**NATIONAL HEALING CORPORATION**

Principal Place of Business      Mailing Address

**1900 CORPORATE BLVD NW  
BOCA RATON FL 33431  
US**

**1900 CORPORATE BLVD NW  
BOCA RATON FL 33431  
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address

**NATIONAL HEALING CORP.  
1900 Corporate Blvd. NW #105W  
Boca Raton, FL 33431**

**NATIONAL HEALING CORP.  
1900 Corporate Blvd. NW #105W  
Boca Raton, FL 33431**

4. FEI Number **65-0678356**      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

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525**

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: *Julia M. White*      DATE: **4/22/02**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD OTTO, EDGAR 1900 CORPORATE BLVD NW SUITE 400W BOCA RATON FL</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CFO TYLER, JAMES M 1900 CORPORATE BLVD NW #105 W BOCA RATON FL 33431</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEOS PATRICK, JAMES E 1900 CORPORATE BLVD #105W BOCA RATON FL 33431</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D PANGIA, ROBERT 31 HYDE CIR WATCHUNG NJ 07060</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D WALSH, ROBIN 9107 GASSERWAY COURT BRENTWOOD TN 37027</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D PIPER, JOSEPH 1114 31ST AVE SEATTLE WA 98112</b> <input checked="" type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CFO &amp; TREASURER James M. Tyler 1900 Corporate blvd. NW #105W Boca Raton, FL 33431</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEO &amp; PRESIDENT JAMES E. PATRICK 1900 CORPORATE BLVD., #105W BOCA RATON, FL 33431</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>COO &amp; BOARD SECRETARY Kathleen Wingard 1900 Corporate blvd. NW Ste. 105-W Boca Raton, FL 33431</b> <input type="checkbox"/> Change <input checked="" 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: *James M. Tyler, CFO*      DATE: **4/16/02**      DAYTIME PHONE #: **561-994-1174**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)