

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90238 020 ***158.75

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DOCUMENT # F96000002892

1. Entity Name
NATIONAL HEALING CORPORATION



Principal Place of Business
NATIONAL HEALING CORP
1900 CORPORATE BLVD NW
BOCA RATON FL 33431
US

Mailing Address
NATIONAL HEALING CORP
1900 CORPORATE BLVD NW
BOCA RATON FL 33431
US

11016881



2. Principal Place of Business

3. Mailing Address

NATIONAL HEALING CORP
6400 Congress Ave. #2200
Boca Raton, FL 33487

Suite **NATIONAL HEALING CORP**
6400 Congress Ave. #2200
City **Boca Raton, FL 33487**

☒ CHECK HERE IF MAKING CHANGES

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

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

Name
Street Address **Corporate Creations Network, Inc.**
11380 Prosperity Farms Road. #221E
Palm Beach Gardens, FL 33410
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Taide Baez, VP

4/24/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CFOT** ☐ Delete
NAME **TYLER, JAMES M**
STREET ADDRESS **1900 CORPORATE BLVD NW #105 W**
CITY-ST-ZIP **BOCA RATON FL 33431**

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

TITLE **CEOP** ☐ Delete
NAME **PATRICK, JAMES E**
STREET ADDRESS **1900 CORPORATE BLVD #105W**
CITY-ST-ZIP **BOCA RATON FL 33431**

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

TITLE **COGS** ☒ Delete
NAME **WINGARD, KATHLEEN**
STREET ADDRESS **1900 CORPORATE BLVD NW STE 105-W**
CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE ☒ Change ☐ Addition
NAME **GEORGE MALSAM, SECRETARY**
STREET ADDRESS **NATIONAL HEALING CORP**
CITY-ST-ZIP **6400 Congress Ave. #2200**
Boca Raton, FL 33487

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Taide Baez **RECEPTION**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/03

Date

561-994-1174

Daytime Phone #

CR2E034 (10/02)