

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P99000079418

FILED
Feb 22, 2003
Secretary of State

Entity Name: NURSING HOME PHYSICIANS, P.A.

Current Principal Place of Business:

501 PHILLIPS DR.
BOCA RATON, FL 33432

New Principal Place of Business:

Current Mailing Address:

501 PHILLIPS DR.
BOCA RATON, FL 33432

New Mailing Address:

FEI Number: 65-0941830

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GIDSEG, GLENN
501 PHILLIPS DR.
BOCA RATON, FL 33432

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: ST () Delete
Name: GIDSEG, GLENN
Address: 501 PHILLIPS DR
City-St-Zip: BOCA RATON, FL 33432

Title: P () Delete
Name: GOLDMINTZ, KIM
Address: 423 COCONUT ISLE
City-St-Zip: FT LAUDERDALE, FL 33301

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GLENN GIDSEG

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02/22/2003

Electronic Signature of Signing Officer or Director

Date