

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2001 8:00 am
Secretary of State

01-27-2001 90071 005 ***150.00

DOCUMENT # F00000000903

1. Entity Name

NATIONAL HEALTHCARE RESOURCES, INC.

Principal Place of Business

**711 WESTCHESTER AVE., 2ND FLOOR
WHITE PLAINES NY 10604**

Mailing Address

**%ANNETTE MILLER, ATTORNEY
400 S. HIGHWAY 169, SUITE 200
ST. LOUIS PARK MN 55426**

2. Principal Place of Business

1177 6th Ave - 47th FL

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

New York, NY

City & State

4. FEI Number

11-3273542

APPLIED FOR

Applied For

Not Applicable

Zip

10036

Country

USA

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

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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 PD
NAME GARCIA, CHRISTOPHER J
STREET ADDRESS 711 WESTCHESTER AVE., 2ND FLOOR
CITY-ST-ZIP WHITE PLAINS NY 10604 ☐ Delete

TITLE PD
NAME Garcia, Christopher J.
STREET ADDRESS 1177 6th Ave - 47th FL
CITY-ST-ZIP New York, NY 10036 ☒ Change ☐ Addition

TITLE VST
NAME CUSUMANO, JAMES
STREET ADDRESS 711 WESTCHESTER AVE., 2ND FLOOR
CITY-ST-ZIP WHITE PLAINS NY 10604 ☐ Delete

TITLE VST
NAME Cusumano, James J.
STREET ADDRESS 1177 6th Ave - 47th FL
CITY-ST-ZIP New York, NY 10036 ☒ Change ☐ Addition

TITLE D
NAME DEMARTINI, RICHARD
STREET ADDRESS TWO WORLD TRADE CENTER, 66TH FLOOR
CITY-ST-ZIP NEW YORK NY 10048 ☒ Delete

TITLE D
NAME Angst, Michael
STREET ADDRESS 1177 6th Ave - 47th FL
CITY-ST-ZIP New York, NY 10036 ☐ Change ☒ Addition

TITLE D
NAME HARRELL, CECIL S
STREET ADDRESS 100 NORTH TAMPA STREET, SUITE 3540
CITY-ST-ZIP TAMPA FL 33602 ☐ Delete

TITLE D
NAME Kelly, James T.
STREET ADDRESS 1177 6th Ave - 47th FL
CITY-ST-ZIP New York, NY 10036 ☐ Change ☒ Addition

TITLE D
NAME PAUL, ANDREW M
STREET ADDRESS 320 PARK AVE., SUITE 2500
CITY-ST-ZIP NEW YORK NY 10022 ☐ Delete

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

TITLE D
NAME STRADTNER, JAMES B
STREET ADDRESS 300 EAST LOMBARD STREET - STE. 610-A
CITY-ST-ZIP BALTIMORE MD 21202 ☐ Delete

TITLE D
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 J. Cusumano

James J. Cusumano, Secretary

Date

Daytime Phone #

1/12/01 646-728-9310

CR2E034 (10/00)