

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000005093

1. Entity Name

NATIONAL INTEGRATED CARE, INC.

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90010 040 ***150.00

Principal Place of Business

C/O WOUND TREATMENT CENTER
833 S BECKHAM AVE
TYLER TX 75711
US

Mailing Address

1900 CORPORATE BOULEVARD, N.W.
SUITE 400 WEST
BOCA RATON FL 33431-8502

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

75-2681461

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 (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, 2000 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
NAME
STREET ADDRESS
CITY - ST - ZIP

PD
LINEHAN, STEPHEN
5052 BLUE HERON WAY
BOCA RATON FL 33431

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

SDVP
PATRICK, JAMES E
1900 CORPORATE BOULEVARD, N.W., #400W
BOCA RATON FL 33431

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

CTD
MILES, ROBERT A
2575 NW 27TH STREET
BOCA RATON FL 33434

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/16/00 561-994-1174

CR2E034 (9/99)