

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000005093

1. Entity Name

NATIONAL INTEGRATED CARE, INC.

**FILED**  
May 22, 2001 8:00 am  
Secretary of State

05-22-2001 90634 045 \*\*\*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 100 WEST  
BOCA RATON FL 33431

A0071206



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

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

City & State

Zip

Country

Zip

Country

4. FEI Number 75-2681461

Applied For

Not Applicable

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, 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 LINEHAN, STEPHEN  
STREET ADDRESS 5052 BLUE HERON WAY  
CITY-ST-ZIP BOCA RATON FL 33431 ☒ Delete

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

TITLE SDVP  
NAME PATRICK, JAMES E  
STREET ADDRESS 1900 CORPORATE BOULEVARD, N.W., #400W  
CITY-ST-ZIP BOCA RATON FL 33431 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP CEO & Board Secretary  
JAMES E PATRICK  
1900 CORPORATE BLVD., #105W  
BOCA RATON, FL 33431 ☒ Change ☐ Addition

TITLE CTD  
NAME MILES, ROBERT A  
STREET ADDRESS 2575 NW 27TH STREET  
CITY-ST-ZIP BOCA RATON FL 33434 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP CFO  
James M. Tyler  
1900 Corporate blvd. NW #105W  
Boca Raton, FL 33431 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/15/01

Date

(561) 994-1174

Daytime Phone #

CR2E034 (10/00)