## **2003 FOR PROFIT CORPORATION**

## **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # F96000005299



**FILED** May 02, 2003 8:00 am Secretary of State

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Me in a Actines De Note Place of Europeas Support 220 BEACHWOOD OH 44122  2. Princ pa Place of Business  Sulle, Apt. #, etc.  Sale, Apt. #, etc.  Sale, Apt. #, etc.  City & State  Country  Zo  Country	1. Entity Nam NCS HEA		OF FLORIDA, INC	O				(	05-02-2003 :	90402 007	***150.0	00
Sulfe, Act I, etc.   CHECK HERE IF MAKING CHANGES  City & State   City & State   A. FEI Number 34-1843258   Applied for Net Applicative	3201 ENTERPRISE PKWY #220			3201 ENTERPRISE PKWY #220				1 1 <b>1 8</b> 4 <b>11</b> 411 <b>1</b>	1811 8111 8211 82			
City & State  Country  Specificate of Status Desired Status Desired Season State  Rest Applicable  For Applicable  Season State  File Response of Current Registered Agent  Corporation SerMice ComPany  1201 Hans STREET  TALLAHASSEE FL 32301-2525  City  FL Zip Code  City  FL Now, In the State of Florids. I fam familier with, and accept interceive dispert of the City of the C	Principal Place of Business     3. Mailing Address			3								
Zip Country Zip Country	Suite, Apt. #, etc.			Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
S. Certificate of Status Desired   Fee Required    CORPORATION SERVICE COMPANY   1201 HAYS STREET   TALLAHASSEE FL 32301-2525    City   FL   Zio Code    8. The above named antily submits this statement for the purpose of changing its registered agent, or both, in the State of Forida. I sur-familiar with, and accept the he chiggious or of registered agent, or both, in the State of Forida. I sur-familiar with, and accept the he chiggious or or registered agent, or both, in the State of Forida. I sur-familiar with, and accept the he chiggious or or patiented super and titled appearance to the purpose of changing its registered office or registered agent, or both, in the State of Forida. I sur-familiar with, and accept the he chiggious or or patiented super and titled appearance to the purpose of changing its registered agent, or both, in the State of Forida. I sur-familiar with, and accept the he chiggious of registered agent, or both, in the State of Forida. I sur-familiar with, and accept the he chiggious of registered agent, or both, in the State of Forida. I sur-familiar with, and accept the he chiggious of registered agent, or both, in the State of Forida. I sur-familiar with, and accept the he chiggious of registered agent, or both, in the State of Forida. I sur-familiar with, and accept the he chiggious of registered agent, or both, in the State of Forida. I sur-familiar with, and accept the head of Forida Department of State    FILE NOW!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  After May 1, 200	City & State		<del></del>	City & State		4	4. FEI Number 34-1843258			<b>→</b>		
Name   Street Address (PC. Box Number is Not Acceptable)	Zip		Country	Zip	Count	try	5	5. Certificate of S	tatus Desired			
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525  City  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 Forida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  FILE NOW!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Cheek Payabol to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  NME SIRRET ADDRESS 3201 ENTERPRISE PKWY #220  BEACHWOOD OH 44122  THE  WAS SIRRET ADDRESS CITY-ST-2P  BEACHWOOD OH 44122  THE  WAS SIRRET ADDRESS CITY-ST-2P  THE  WAS CALL, MICHAEL  BEACHWOOD OH 44122  THE  WAS CALL, MICHAEL  Delete  THE  WAS SIRRET ADDRESS CITY-ST-2P  THE  WAS CALL, MICHAEL  Delete  THE  WAS SIRRET ADDRESS CITY-ST-2P  THE  WAS CALL, MICHAEL  Delete  THE  WAS SIRRET ADDRESS CITY-ST-2P  THE  WAS CALL, MICHAEL  Delete  THE  WAS CALL, MICHAEL  DELET ADDRESS CITY-ST-2P  THE  DAVID WITH FEE ST, STREY  DEACHWOOD OH 44122  THE  THE  WAS CALL, MICHAEL  DELET ADDRESS CITY-ST-2P  THE  THE  WAS CALL, MICHAEL  DELET ADDRESS CITY-ST-2P  THE  THE  THE  THE  THE  THE  THE  TH		6. Name	and Address of Current	Registered Agent				. Name and Ad	ress of New F	Registered A	gent	
TALLAHASSEE FL 32301-2525    City   FL   Zip Code			ICE COMPANY	·			ddress (P.O	D. Box Number is	Not Acceptable	e)		
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature bond or printed review of implement agent and state it a spokedate   Change	TALLAHAS	SSEE FL 323	801-2525					<del></del>				
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. 1 am familiar with, and accept the obligations of registered agent.    Signature						City		<del></del>		FL	Zip Cod	e
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After May 1, 2003 Fee will be \$55,0.00 May Be Make Check Payable to Florida Department of State  10.		Signature, typed	or printed name of registered agent a	and title if applicable.	(NOTE: Registered	d Agent signat	ure required whe	en reinstating)		DATE		
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  NAME SHAW, KEVIN B SHAW, KEVIN B SHEET ADDRESS CITY-ST-2IP  TITLE  WY SHAW, WILLIAM B SHEET ADDRESS CITY-ST-2IP  TITLE  BYRUM, WILLIAM B SHEET ADDRESS CITY-ST-2IP  TITLE  WARE SEC - Delete  TITLE  NAME SHEET ADDRESS CITY-ST-2IP  TITLE  P MASCALI, MICHAEL SAME SIREET ADDRESS CITY-ST-2IP  TITLE  NAME SIREET ADDRESS CITY-ST-2IP  Delete  TITLE  NAME SIREET ADDRESS CITY-ST-2IP  Delete  TITLE  NAME SIREET ADDRESS CITY-ST-2IP  TITLE  NAME SIREET ADDRESS CITY-ST-2IP  Delete  TITLE  NAME SIREET ADDRESS CITY-ST-2IP  Delete  TITLE  NAME SIREET ADDRESS CITY-ST-2IP  Delete  TITLE  NAME SIREET ADDRESS CITY-ST-2IP  TITLE  NAME SIREET ADDRESS CITY-ST-2IP  Delete  TITLE  NAME SHEET ADDRESS CITY-ST-2IP  DELET  TITLE  DAVID IN FREESEN, TR  NAME SHEET ADDRESS CITY-ST-2IP  DELET  TITLE  DAVID IN FREESEN, TR  NAME SHEET ADDRESS CITY-ST-2IP  COUNTERTON, KY 41011	Afte	r May 1, 200	3 Fee will be \$550.00	State								
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		pertify that the	information supplied with	this filing does not au			_ <del></del>			further certi	fu that the ir	oformation

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:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHARI MASCALI

Daytime Phone #