

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2002 8:00 am
Secretary of State

04-28-2002 90773 005 ***158.75

DOCUMENT # F97000003756

1. Entity Name

NH-CHS, INC. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Wound Healing Ctr.

3. Mailing Address

Suite, Apt. #, etc.
1700 Skylyn Drive

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

DO NOT WRITE IN THIS SPACE

City & State
Spartanburg, SC

4. FEI Number
58-2335831

Applied For
Not Applicable

Zip
29307

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
CORPORATION SERVICE COMPANY

Street Address (P.O. Box Number is Not Acceptable)

1201 HAYS STREET

City
TALLAHASSEE

FL

Zip Code
32301

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

CEO & PRESIDENT
JAMES E. PATRICK
1900 CORPORATE BLVD., #105W
BOCA RATON, FL 33431

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

CFO & TREASURER
James M. Tyler
1900 Corporate blvd. NW #105W
Boca Raton, FL 33431

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

COO & BOARD SECRETARY
Kathleen Wingard
1900 Corporate blvd. NW Ste. 105-W
Boca Raton, FL 33431

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES TYLER, CFO 4/16/02

(561) 994-1174

Date

Daytime Phone #

CR2E034B (12/01)