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PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 27, 1996 08:00 AM
Secretary of State

DOCUMENT # **K54870** (6)

1. Corporation Name

NATIONAL FINANCIAL HEALTH GROUP, INC.



Principal Place of Business

Mailing Address

**POST OFFICE BOX 14658
CLEARWATER FL 34629**

**2536 COUNTRYSIDE BLVD.
5TH FLOOR
CLEARWATER FL 34623
US**

3. Date Incorporated or Qualified
12/30/1988

3a. Date of Last Report
03/28/1995

2. Principal Place of Business

2a. Mailing Address

21 **2536 Countryside Blvd**

26 **2536 Countryside Blvd**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Sixth Floor**

27 **Sixth Floor**

City & State

City & State

23 **Clearwater, Florida**

28 **Clearwater, Florida**

Zip

Zip

Country

Country

24 **34623**

25 **US**

29 **34623**

30 **US**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BOESCH, GARY R.
2536 COUNTRYSIDE BLVD.
CLEARWATER FL 34623**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed for printed name of registered agent and state if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE

NAME **BOESCH, GARY**
STREET ADDRESS **2536 COUNTRYSIDE BLVD.**
CITY-ST-ZIP **CLEARWATER FL**

TITLE **D** ☐ DELETE

NAME **KEMP, LARRY**
STREET ADDRESS **2536 COUNTRYSIDE BLVD.**
CITY-ST-ZIP **CLEARWATER FL**

TITLE **D** ☐ DELETE

NAME **BOESCH, KENNETH W.**
STREET ADDRESS **2536 COUNTRYSIDE BLVD.**
CITY-ST-ZIP **CLEARWATER FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE **P/S/D/T** ☐ Change ☒ Addition

1.2 NAME **Boesch, Gary R**
1.3 STREET ADDRESS **2536 Countryside Blvd**
1.4 CITY-ST-ZIP **Clearwater, FL 34623**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an addition with an address.

SIGNATURE:

Gary R. Boesch, Pres 2/6/96 (813)726-0726

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)