05-u1-2003 90190 001 *1,400.00 L99000005908

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # L9900005908 1. Entity Name					FILED			
SAFETY			03 MAY 13 PM 2: 12					
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Principal Place of Business Mailing Address					, ,			
1410 FOURTH STREET NORTH 1410 FOURTH ST			PREET NOR	TH	•			
Suite, Apt. #, etc. Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & Sta	ate	City & State			FEI Number		Applied For	
SAFETY HARBOR FL		SAFETY HARBOR FL		(36			Not Applicable	
Zíp	Country		Country	5	Certificate of Status Desired		5 Additional	
34695	IUSA		USA			Fee Hi	beriupe	
1	DO NOT WRITE IN T	HIS SPACE	Name	7. Na	ene and Address of Curren	t Registered Agen	<u>"</u>	
				S DOC	UMENT SERVIC	ES, INC.	İ	
			Street	Address (P.O	Box Number is Not Accepta	ble)		
			395	MM V	ELLEY RD			
			7 A					
			City	AUNCC.	ਰਾਹ	FL 33	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. I am familiar with,								
	of the obligations of registered agent.	tion in a bankood or entireliated	g no regionarea es	noo or rogisa	over agent, or bott, in the or	AG OT KANGA. TAIN	PRINTINGS WILLIAM	
					•		1	
SIGNATURE		· · · · · · · · · · · · · · · · · · ·						
	Signature, typed or printed name of registr	ared agent and title if applicable.	(NOTE: Regi	stered Agent s	onature required when reinstating	(a) DAT	<u>Æ</u>	
	nuary 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00	7.5	•		9. Election Campaign Fin	vancing .	\$5.00 May Be	
Make Charle	Amended UBR is \$61.25				Trust Fund Contributio		Added to Fees	
10.	Payable to Florida Department of : OFFICERS AND D			er 1911, 51				
TITLE	MGRM		TITLE					
NAME	NORTHERN HEALTH FACILITIES, INC.		NAME				[2]	
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12. 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 it made under note 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 on an attachment with an address, with all other like empowered.								
SIGNATU		X Ki	chard L	Bertr	und 4/24/03	414/90	8-8472	
	SIGNATURE AND TYPED OR	PRINTED NAME OF SIGNING	OFFICER OR DIF	ECTOR	Dete	Deytime Phone #		
TF FL32381F.1	- —— —				· 			