

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

May 01, 2000 8:00 am  
Secretary of State

05-01-2000 90416 029 \*\*\*150.00

DOCUMENT # M25735

1. Entity Name

NATIONS HEALTHCARE OF FLORIDA, INC.

Principal Place of Business

Mailing Address

7901 SW 36TH ST. STE 206  
STE 206  
DAVIE FL 33328  
US

PO BOX 5050  
CHERRY HILL NJ 08034-5050  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2629342

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD  
PLANTATION FL 33324

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, 2000 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	PORTER, CRAIG W	55 CARNEGIE PLAZA	CHERRY HILL NJ 08003	<input type="checkbox"/>
S	BROWN, JACK W	55 CARNEGIE PLAZA	CHERRY HILL NJ 08003	<input checked="" type="checkbox"/>
T	BROWN, JACK N	55 CARNEGIE PLAZA	CHERRY HILL NJ 08003	<input checked="" type="checkbox"/>
D	PORTER, CRAIG W	55 CARNEGIE PLAZA	CHERRY HILL NJ 08003	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
CEO				<input checked="" type="checkbox"/>	<input type="checkbox"/>
PRESIDENT	FRANK MAGLIOCHETTI	55 CARNEGIE PLAZA	CHERRY HILL NJ 08003	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SECRETARY	JOSEPH M. ROBERTS	55 CARNEGIE PLAZA	CHERRY HILL NJ 08003	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

APR 21 2000

Date

Daytime Phone #

CR2E034 (9/99)