

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 27, 2002 8:00 am**  
**Secretary of State**

02-27-2002 90080 037 \*\*\*\*61.25

**DOCUMENT # N01000008805**

1. Entity Name

**NCHS, INC.**

Principal Place of Business

**860 EDEN ISLE BLVD.  
 ST. PETERSBURG FL 33704**

Mailing Address

**P.O. BOX 22794  
 TAMPA FL 33622**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**59-3760884**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**KEYES, PHILLIP J  
 860 EDEN ISLE BLVD.  
 ST. PETERSBURG FL 33704**

7. Name and Address of New Registered Agent

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

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00 May Be  
 Added to Fees**

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>CEO</b>	<input type="checkbox"/> Delete
NAME	<b>Patrick Guarnieri</b>	
STREET ADDRESS	<b>860 Eden Isle Blvd</b>	
CITY-ST-ZIP	<b>St. Petersburg FL 33704</b>	
TITLE	<b>Executive Director</b>	<input type="checkbox"/> Delete
NAME	<b>Phillip Keyes</b>	
STREET ADDRESS	<b>860 Eden Isle Blvd.</b>	
CITY-ST-ZIP	<b>St Petersburg FL 33704</b>	
TITLE	<b>Director</b>	<input type="checkbox"/> Delete
NAME	<b>James Martone</b>	
STREET ADDRESS	<b>860 Eden Isle Blvd.</b>	
CITY-ST-ZIP	<b>St Petersburg FL 33704</b>	
TITLE	<b>Director</b>	<input type="checkbox"/> Delete
NAME	<b>Alden Mead</b>	
STREET ADDRESS	<b>860 Eden Isle Blvd.</b>	
CITY-ST-ZIP	<b>St Petersburg FL 33704</b>	
TITLE	<b>Director</b>	<input type="checkbox"/> Delete
NAME	<b>Joel Gorn</b>	
STREET ADDRESS	<b>860 Eden Isle Blvd.</b>	
CITY-ST-ZIP	<b>St Petersburg FL 33704</b>	
TITLE	<b>Director</b>	<input type="checkbox"/> Delete
NAME	<b>Narendra Shah</b>	
STREET ADDRESS	<b>860 Eden Isle Blvd.</b>	
CITY-ST-ZIP	<b>St. Petersburg FL 33704</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 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 617, 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: Patrick Guarnieri** **2/6/02 (727) 897-9077**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)