

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008805

Entity Name: NCHS, INC.

FILED
Jun 29, 2004
Secretary of State

Current Principal Place of Business:

33 4TH ST NORTH
208
SAINT PETERSBURG, FL 33701

Current Mailing Address:

P.O. BOX 22794
TAMPA, FL 33622

New Principal Place of Business:

33 4TH ST NORTH
210
SAINT PETERSBURG, FL 33701

New Mailing Address:

FEI Number: 59-3760884 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KEYES, PHILLIP J
33 4TH STREET NORTH
STE 208
SAINT PETERSBURG, FL 33701 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: GUAMIERL, PATRICK
Address: 33 4TH ST N
City-St-Zip: SAINT PETERSBURG, FL 33701

Title: EXD () Delete
Name: KEYES, PHILLIP
Address: 33 4TH ST N
City-St-Zip: SAINT PETERSBURG, FL 33701

Title: D () Delete
Name: MARTONE, JAMES
Address: 33 4TH ST N
City-St-Zip: SAINT PETERSBURG, FL 33701

Title: D () Delete
Name: MEAD, ALDEN
Address: 33 4TH ST N
City-St-Zip: SAINT PETERSBURG, FL 33701

Title: D () Delete
Name: SHAH, NARENDRA
Address: 33 4TH ST N
City-St-Zip: SAINT PETERSBURG, FL 33701

Title: D () Delete
Name: LIFRIERI, SALVATORE
Address: 33 4TH ST N
City-St-Zip: SAINT PETERSBURG, FL 33701

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICK GUARNIERI

CEO

06/29/2004

Electronic Signature of Signing Officer or Director

Date