2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2009
Secretary of State

DOCUMENT# N01000008805

Entity Name: NCHS, INC.

Current Principal Place of Business:

1636 1ST AVE. N
ST. PETERSBURG, FL 33713

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 22794
TAMPA, FL 33622

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:

GUARNIERI, PATRICK
1636 1ST AVE. N
SAINT PETERSBURG, FL 33713 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: D ( ) Delete
Name: GUARNIERL, PATRICK
Address: 1636 1ST AVE. N
City-St-Zip: SAINT PETERSBURG, FL 33713

Title: EXD ( ) Delete
Name: BRETT, SCHARINGHAUSEN
Address: 1636 1ST AVE. N
City-St-Zip: SAINT PETERSBURG, FL 33713

Title: D ( ) Delete
Name: MARTONE, JAMES
Address: 1636 1ST AVE. N
City-St-Zip: SAINT PETERSBURG, FL 33713

Title: D ( ) Delete
Name: MEAD, ALDEN
Address: 1636 1ST AVE. N
City-St-Zip: SAINT PETERSBURG, FL 33713

Title: D ( ) Delete
Name: SHAH, NARENDRA
Address: 1636 1ST AVE. N
City-St-Zip: SAINT PETERSBURG, FL 33713

Title: D ( ) Delete
Name: LIFRIERI, SALVATORE
Address: 1636 1ST AVE. N
City-St-Zip: SAINT PETERSBURG, FL 33713

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 exemption stated in Chapter 119, 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 D 02/04/2009

Electronic Signature of Signing Officer or Director — Date